

COLUMBIA LIBRARIES OFFSITE

HEALTH SCIENCES RESTRICTED



HR01151894

SERIAL

v. 12

A

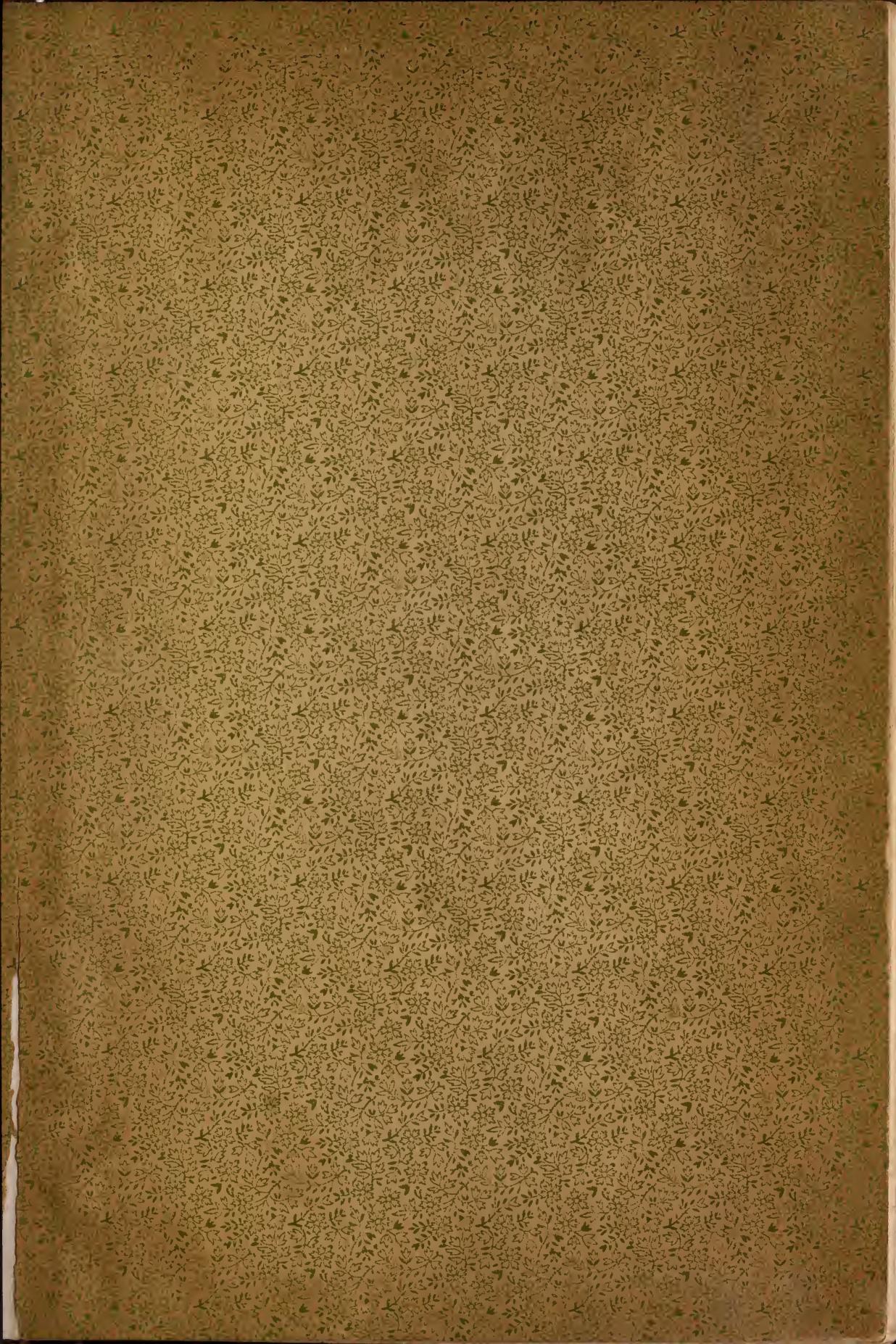
1916

Columbia University
in the City of New York

College of Physicians and Surgeons



Reference Library





Digitized by the Internet Archive
in 2014

<https://archive.org/details/americanjournal01219unse>

P. 519-5 + 2 missing

—
try

The American Journal of Urology and Sexology

with which has been consolidated

The American Practitioner

EDITED BY

WILLIAM J. ROBINSON, M.D.

OF NEW YORK

VOL. XII.
JANUARY-DECEMBER, 1916

THE UROLOGIC PUBLISHING ASSOCIATION
12 MT. MORRIS PARK WEST, NEW YORK

List of Authors in Vol. XII of The American Journal of Urology

Karl Abraham, M.D.	422
George Barraud, M.D.	450
André Bernheim, M.D.	5
Dr. Hans Blüher	71, 316
René C. Bréteille	209
Charles Greene Cumston, M.D.	62
A. D. de Laviergne, M.D.	10
Professor Johannes Dück, M.D.	204, 329
Prof. Christian von Ehrenfels	321
Julius Frischer, M.D.	61
J. A. Fulton, M.D.	1
Dr. Henriette Fürth	433
Prof. Gaucher	358, 516, 551
Paul J. Gelpi, M.D.	77
Dr. L. G.	199, 309
Alice Groff	95
Prof. A. Grotjahn	15, 66, 119
Estill D. Holland, M.D.	179
Geh. Justizrat, Dr. Horch	152
W. O. Humphrey, M.D.	421
Ernst Jentsch	222
Dr. L. Löwenfeld	193, 463
Professor Bruno Meyer	133
I. L. Nascher, M.D.	407, 501, 541
Prof. A. Neisser, M.D.	289
Emil Oberhoffer, M.D.	58
J. E. Poritzky	228
Theodore Reik	512
William J. Robinson, M.D.	24, 49, III, 323, 471
Dr. D. Sarason	56
Ernest Schaeffle	29
Dr. H. E. Schmidt	279
Oscar A. H. Schmitz	507
E. S. Shepherd	374
John C. Spencer, M.D.	276
Wilhelm Sternberg, M.D.	455
L. Stevenard, M.D.	33
Arthur Swan	300
B. S. Talmey, M.D.	158, 337
Samuel A. Tannenbaum, M.D.	97, 241, 385, 481, 529
A. Theilhaber, M.D.	363
H. C. Uthoff	176
Dr. M. Vaerting	136, 556
Pierre Verrier, M.D.	416
Dr. Leopold von Wiese	168
A. R. Warner, M.D.	313
William F. Waugh, M.D.	474
Dr. L. Weber	443
Dr. E. Wexberg	131
Dr. Fritz Wittels	145

Index to Volume XII.

A

Abortion or Contraception. By the Editor.	356
Abortion or Prevention of Conception, The Limitation of Offspring By—Which? By B. S. Talmey, M.D.	337
Abstinence, Sexual, and Masturbation. By Dr. Fritz Wittels	145
Appendicitis, The Syphilitic Origin of. By Professor Gaucher	516
Asceticism, Social Aspects of. By Dr. Leopold von Wiese	168
At What Age Are Parents Best Fitted to Beget Children of Genius and Talent? By Dr. Vaerting	556

B

Birth-Rate, How to Prevent an Excessive Fall in the Without Inter- ferring With Use of Contraceptives. By Prof. A. Grotjahn .. 15, 66, 119	
Bleeding between Pregnancies, Constant, A Case of Unusual Fertility with	328
Book Notices	48, 96, 287, 288, 568

C

Calculi of the Urinary Bladder Causing Extreme Retention. By John C. Spencer, M.D.	276
Castration, The Influence of on the Libido. By Emil Oberhoffer, M.D.	58
Cesarean Section by Bomb Shell	91
Cesarean Section, Postmortem, Dr. James A. Harrar	331
Chancres, Extrageneral. By Dr. H. R. Gaskill	37
Change of Life in Men, The. Dr. Max Marcuse	233
Chastity A Means, Not An End	432
Child, Psychosexual Traumata in the. By E. S. Shepherd	374
Closing of the Segregated Vice District, The Result of, upon the Public Health of Cleveland. By A. R. Warner, M.D.	313
Coitus and Nightmares. By William J. Robinson, M.D.	471
Coitus, Sudden Death During or After. By Professor P. Näcke	229
Conception, When is Coitus Most Likely to Result in	185, 425
Cystitis, Silvol in Acute By W. O. Humphrey, M.D.	421

D

Death During or After Coitus, Sudden. By Professor P. Näcke	229
Desire to Look Like "Those" Women, TheEditorial.....	232
Defects in Present Methods of Treating Syphilis. Bruhms	89
Differences between Man's and Woman's Love Life. By Wilhelm Sternberg, M.D.	455
Disillusion by the Pure Young Man, The	564
Divorce, Sexual Causes of. By Geh. Justizrat, Dr. Horch	152
Double Standard of Morality, Alice Groff	95
Double Standard, The Necessity for a. By Oscar A. H. Schmitz	507

INDEX

E

Epididymitis, Acute, Treatment of by Puncture. H. W. E. Walther, M.D.	91
Erotic Hallucinations Following Local Anesthesia	186
Eroticism, Morality and Art. By J. E. Poritzky	228
Eugenic Significance of the Orgasm, The. By Dr. M. Vaerting	136
Exogamy, Neurotic. By Karl Abraham, M.D.	422
Exogenous Chancres. By Dr. H. R. Gaskill	37
Exogenous Syphilitic Infection	235

F

"False Youth." By Michael Monahan	560
Faraday's Misogyny. By Ernst Jentsch	222
Female Sexual Organs, Injuries of, Caused by Abstinence. By A. Theilhaber, M.D.	363
Freudian Philosophy, Psychoanalysis and theEditorial	382
Friendship and Sexuality	185

G

Gonorrhreal Epididymitis, Acute, Abortive Treatment of. By Oscar Owre, M.D.	124
Gun-Shot Wound, Injury to Testicles and Cords, Implantation of Vas in Testicle: Case Report. By Julius Frischer, M.D.	61

H

Half-Virgins, TheEditorial	231
Heated Bougie in the Treatment of Acute Gonorrhea, The. By J. A. Fulton, M.D.	1
How to Prevent an Excessive Fall in the Birth-Rate Without Interfer- ing With Use of Contraceptives. By Prof. A. Grotjahn	15, 66, 119

I

Illegitimate Child, The Law and the Fate of the. By Dr. Henriette Fürth	433
Illicit Intercourse, Venereal Disease As A Retribution for. By William J. Robinson, M.D.	24
Illicit Sex Relations, Letter by Benjamin Franklin on	43
Incubation Stage of Syphilis, Duration of. G. Thibierge, M.D.	88
Infectious Diseases and Personal Liberty. E. O. Jordan	47
Injuries of the Female Sexual Organs Caused by Abstinence. By A. Theilhaber, M.D.	363
Insane, Sterilization of the. By Helen J. C. Kuhlmann, M.D.	429
Internal Secretions, Sex and theEditorial	282

INDEX

v

L

Letter by Benjamin Franklin on Illicit Sex Relations	43
Letters to the Editor	189, 192, 236, 240, 335, 336, 427,
Libido, The Influence of Castration on the. By Emil Oberhoffer, M.D.	479 58
Local Anesthesia, Erotic Hallucinations Following	186
Love Life, Differences between Man's and Woman's. By Wilhelm Sternberg, M.D.	455

M

Male Sexual Organs, Self Amputation of. Dr. Alexander Peacock	285
Marriage and the Choice of a Life-Mate, Some Factors in. By Hans Blüher	71
Marriage in Ancient Times, Strikes against	328
Marriage of Tubercular Persons	88
Masochism, Remarks on the Etiology and Pathogenesis of. By Dr. René C. Bréteille	209
Masturbation and Sexual Abstinence. By Dr. Fritz Wittels	145
Masturbation, An Unusual Case of	82
Masturbation Bogie, Unconsidered Evils of theEditorial.....	523
Masturbation, Its Causes and Sequelæ. By A. A. Brill, M.D.	214
Masturbation, The Effects of—A Genuine Human Document	44
Maternal Impressions, A. G. Pohlman, M.D.	525
Minister on Sex Relations, A. Rev. A. W. Littlefield	94
Monogamic Nation, Are We a?Editorial	281
Morals by Poison	47
Moral Censor, The	565

N

Nervous Diseases, The Prevention of Conception as a Cause of, By Dr. L. Löwenfeld	193
Nervousness and Sexual Abstinence. By S. A. Tannenbaum, M.D.	241
Neurotic Exogamy, By Karl Abraham, M.D.	422
Normal vs. Abnormal SexualityEditorial	183

O

Obscene, The Southerner Less. Robert Michels	431
Obscenity vs. SexologyEditorial	184
Orgasm, The Eugenic Significance of the. By Dr. M. Vaerting	136
Ovaries and Testes, Transplantation of. By Dr. G. Frank Lydston ...	283

P

Penis, An Unusual Injury of , With Successful Repair. By Paul J. Gelpi, M.D.	77
Personal Liberty and Infectious Diseases, E. O. Jordan	47
Phagedenic Chancroids. By Pierre Verrier, M.D.	416
Physician's Advice, An Old, F. B. Courtenay, M.D.	475
Pollutions. (A Medical and Common Sense Study.) By William J. Robinson, M.D.	III

INDEX

Pollutions. (A Psychoanalytic Study.) By Samuel A. Tannenbaum, M.D.	97
Polyandry in India. H. Fehlinger	93
Pornography. By Professor Bruno Meyer	133
Prevention of Conception as a Cause of Nervous Disease. By Dr. L. Löwenfeld	193
Professional Secret in Syphilis and Marriage, The. By L. Stevenard, M.D.	33
Prolonged Mercurial Treatment in General Paralysis, Necessity of. By Prof. Gaucher	551
Prophylaxis, Venereal, for the Female. By Ernest Schaeffle	29
Prophylaxis, Venereal, in a Nutshell. By William J. Robinson, M.D.	49
Prostatic Hypertrophy. Dr. A. L. Wolbarst	88
Prostitution and Mental Deficiency	383
Prostitution, An Original Method of Dealing With. By Dr. D. Sarason ..	56
Prostitution in 1886 and in 1916. By I. L. Nascher, M.D.	501, 541
Prostitution, Is It Really Impossible to make [it] Harmless as far as Infection is Concerned? By Prof. A. Neisser	289
Psychoanalysis for the Scientific Study of Woman, The Significance of. By Theodore Reik	513
Psychoanalysis and the Freudian Philosophy Editorial	382
Psycho-Analysis: Definition, Technique and Mode of Action. By Sam- uel A. Tannenbaum, M.D.	385
Psychoneuroses and the Unconscious, The. By Samuel A. Tannenbaum, M.D.	481, 529
Psychosexual Traumata in the Child. By E. S. Shepherd	374

R

Rapid and Successful Treatment of Syphilis, A. By Dr. André Bern- heim	5
Reproduction and Sexual Impulse. By H. C. Uthoff	176
Right to Sexuality, The	563
Roentgen Rays, The Action of, on the Sexual Glands and Functions. By Dr. H. E. Schmidt	279
Roentgen Rays, Treatment of Venereal Bubo With. Kall	90

S

Sadism, Varieties of Editorial	232
Salvarsan, or, A Case of "I Told You So." By Estill D. Holland, M.D.	179
Scientific Foundation of Sexual Pedagogics, The. Prof. Johannes Dück	329
Self-Amputation of Male Sexual Organs. Dr. Alexander Peacock	285
Sex and the Internal Secretions	282
Sex Crimes and the Seasons. By Dr. Paul Gaedeken	325
Sex Education, The Adults in Need of	432
Sexes, War and the—A Reply. By A Philosophical Bachelor	378
Sex in Infantile Medicine, The Question of. By E. Apert, M.D.	365
Sex Life, The Significance of Suggestion and Other Psychic Factors in Our. By Dr. L. Weber ,.....	443

INDEX

vii

Sex Morality in the Country. By A Sunday School Superintendent	519
Sexology, The Task of Editorial	183
Sexology vs. Obscenity Editorial	184
Sex on the Stage. By Arthur Swan	300
Sex Relations, A Minister on. A. W. Littlefeld	94
Sexual Abstinence and Masturbation. By Dr. Fritz Wittels	14g
Sexual Abstinence and Nervousness. By S. A. Tannenbaum, M.D.	241
Sexual Abstinence in Men and Women. By Professor Johannes Dück..	204
Sexual Altruism By B. S. Talmey, M.D.	158
Sexual Causes of Divorce. By Geh. Justizrat, Dr. Horch	158
Sexual Ethics, A Problem in. By Prof. Christian von Ehrenfels	321
Sexual Ethics, Prof. Ehrenfels' Problem in. By William J. Robinson, M.D.	323
Sexual Imbalance. By William F. Waugh, M.D.	474
Sexual Impulse and Reproduction. By H. C. Uthoff	176
Sexuality and Friendship	185
Sexuality, Normal vs. Abnormal Editorial	183
Sexuality of Plato. By L. G.	199
Sexuality of Leo Tolstoy. By L. G.	309
Sexuality, The Awakening of. Prof. Ludwig Frankel	233
Sexuality, The Overrated Importance of. By Dr. E. Wexberg	131
Sexuality, The Sublimation of. By Dr. Hans Blüher	316
Sexual Libido in the Aged, Persistent. By I. L. Nascher, M.D.	407
Sexual Objects, Flies as	185
Sexual Pedagogics, The Scientific Foundation of. Prof. Johannes Dück	329
Single Standard, The. Judge Dooling	286
Social Aspects of Asceticism. By Dr. Leopold von Wiese	168
Sterilization of the Insane. By Dr. Helen J. C. Kuhlmann	429
Strikes against Marriage in Ancient Times	328
Sublimation of Sexuality, The. By Dr. Hans Blüher	316
Suggestion and Other Psychic Factors in Our Sex Life, The Significance of. By Dr. L. Weber	443
Syphilis and Marriage, The Professional Secret in. By L. Stevenard.	33
Syphilis, Congenital, Treatment of. E. Müller	89
Syphilis, Duration of Incubation Stage of. G. Thibierge	88
Syphilis in the Sixteenth Century. Roscoe	522
Syphilis of the Testicle, The Treatment of the with Salvarsan and Neo- Salvarsan. By George Barraud, M.D.	450
Syphilis, The Prevalence of in the Army	186
Syphilitic Hydrarthrosis. By Charles Greene Cumston, M.D.	62
Syphilitic Lesions, Unrecognized, Operated Surgically as Cancers or as Local Tuberculosis. By Professor Gaucher	358
Syphilitic Origin of Appendicitis, The. By Professor Gaucher	516
Syphilitic Reinfection: A Study of Thirty-One Cases. By A. D. de Laviergne, M.D.	10

INDEX

T

Testes and Ovaries, Transplantation of. By Dr. G. Frank Lydston	283
Testicle Grafting, Unexpected Results of. R. T. Morris, M.D.	477
Testicles and Cords, Injury to, Gun Shot Wound, Implantation of Vas in Testicle. By Julius Frischer, M.D.	61
The Psychoneuroses and the Unconscious. By Samuel A. Tannenbaum, M.D.	529-540
Transplantation of Testes and Ovaries. By Dr. G. Frank Lydston	283
Treatment, Abortive, of Acute Gonorrhreal Epididymitis. By Oscar Owre, M.D.	124
Treatment of Acute Epididymitis by Puncture. H. W. E. Walther, MD.	91
Treatment of Acute Gonorrhea, The Heated Bougie in the. By J. A. Fulton, MD.	1
Treatment of Congenital Syphilis, Treatment of. E. Müller	92
Treatment of Syphilis, A Rapid and Successful. By Dr. André Bernheim.	5
Treatment of Syphilis of the Testicle with Salvarsan and Neo-Salvarsan, The. By George Barraud, MD.	450
Treatment of Venereal Bubo With Roentgen Rays. Kall	90
Tuberculosis and Abortion	564
Tubercular Persons, Marriage of	88

U

Urethral Fever, Fatal. By Dr. Alexander H. Peacock	87
--	----

V

Vaginismus, Psychic. P. H. Williams, MD.	478
Venereal Diseases As A Retribution for Illicit Intercourse. By William J. Robinson, MD.	24
Venereal Prophylaxis in a Nutshell. By William J. Robinson, MD.	49
Venereal Prophylaxis for the Female. By Ernest Schaeffle	29
Vice District, The Result of Closing the Segregated, upon the Public Health of Cleveland. By A. R. Warner, M.D.	313
Virginity and Sexuality. By Dr. Med. L. Löwenfeld	463
Virtue by Cowardice. Robert Michels	431

W

War and the Sexes—A Reply. By A Philosophical Bachelor	378
Wife-Mistress, The. By G. Weise	225
Woman's Movement and Male Chastity	565
Woman, The Significance of Psychoanalysis for the Scientific Study of. By Theodore Reik	512

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

JANUARY, 1916.

No. 1.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE HEATED BOUGIE IN THE TREATMENT OF ACUTE GONORRHEA.

By J. A. FULTON, M.D., Astoria, Oregon.

REALIZING that heat is the antiseptic par excellence I have for years endeavored to learn how to use it—especially in the treatment of gonorrhea—and have proven conclusively to my own mind at least that heat when used intelligently and applied properly is a genito-urinary antiseptic, and a potent agency in the treatment of disease located in certain portions of the genito-urinary tract.

There are certain pathogenic bacteria which do not stand heat well, and the gonococcus is easily destroyed when exposed a short time to a rather low temperature. It is a fact agreed upon by bacteriologists, that the gonococcus is the most sensitive and easily destroyed of almost any of the disease producing bacteria. It is destroyed by a temperature above 114° F. Sunlight will destroy it, and it does not stand low temperatures well, and yet is a most elusive little bacterium to deal with.

The human urethra will stand a temperature of 120° F. for an hour without harm. Some swelling and soreness may follow, but there is no destruction of tissues. Furthermore, the heat penetrates the living tissues for a considerable depth. A bougie held at a temperature of 120° F. in the urethra will raise the temperature of the skin alongside from six to eight degrees. There is no other antiseptic that will penetrate the tissues without destroying their vitality.

There has been much nonsense taught regarding the temperature that may safely be used in the treatment of disease. It is rare to find anyone who can stand a steady application of heat above 120° F. and I have not met one who could endure an application of 125° F. long enough to be of any benefit. In making

urethral applications I have found that 120° F. is about the limit, and have not used a temperature above this excepting in one case only. In this exception 123° F. was applied for thirty minutes. There was much pain at the time, and much swelling of the mucosa and of the entire penis for one week following. There was not any destruction of tissue and the case was entirely well in two weeks, and returned to me within two years with another case, with a request that it be burned out as done two years before.

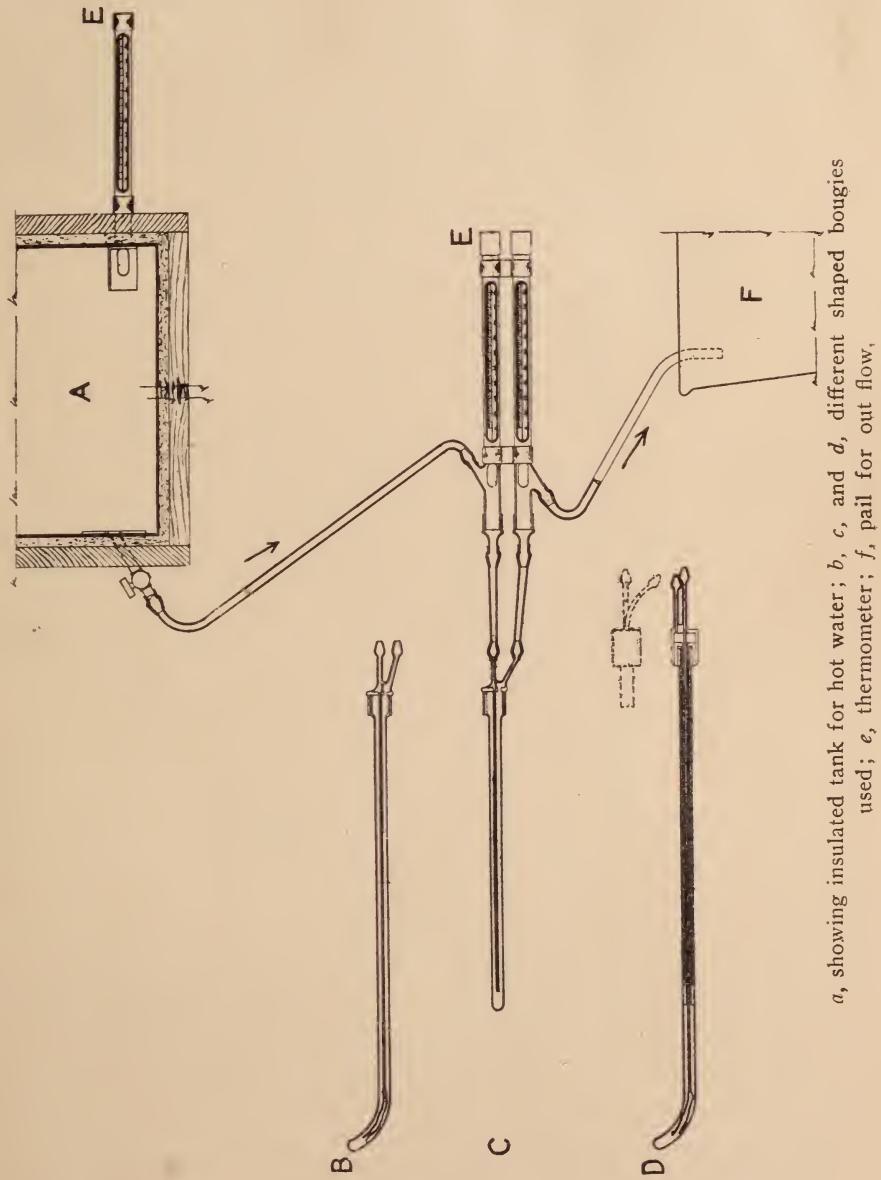
After a thorough trial of the irrigation treatment so much in vogue a few years ago, I came to the conclusion that all the benefit derived from this method was from the prolonged application of heat. The reason the method failed is that the manner of applying the heat is faulty. With the irrigation method it is impossible to supply a definite temperature throughout the entire urethra for a prolonged application; the temperature is not steady or definite, and finally under this treatment seminal vesiculitis seems to develop more frequently than it does under other methods.

The all important thing to learn in the use of heat as an aid to the cure of disease is to realize that this agent must be used with intelligence, for a definite purpose, and in an exact manner. One would not use a solution of a powerful antiseptic without first knowing the exact strength of the solution. Likewise one must, in using heat with the intent to accomplish a certain result, use it in certain definite strength, and at a certain unvarying temperature. A temperature of 112° F. will not produce the same results one may obtain from the use of a temperature of 120° F. any more than a one per cent solution of carbolic acid will act the same as does a ten per cent solution.

In the first few days after an infection from the gonococcus, the disease is local and within reach of the physician. If the bacteria only lay upon the surface of the mucosa it should easily be destroyed by almost any of the ordinary antiseptics, in moderately strong solution. Unfortunately they immediately bury beneath the epithelial layer of the mucous membrane and are not reached by the antiseptic solution used. Here is where the intelligent use of heat as the antiseptic that will reach them and destroy them comes in. Since heat penetrates the living tissues, a bougie within the urethra, heated to a temperature of 120° F. and held there for from thirty to fifty minutes, will destroy the gonococci. If perchance any have escaped destruction the engorgement of the urethral membrane is such that they will not develop further and the disease is cured. There will be no latent gonococci.

THE HEATED BOUGIE IN GONORRHEA

3



a, showing insulated tank for hot water; *b*, *c*, and *d*, different shaped bougies used; *e*, thermometer; *f*, pail for out flow,

After one application of the heated bougie in acute cases, we have not so far been able to obtain a single growth after repeated attempts at culture. Perhaps under a more skillful technic a different result would have been obtained.

However, after observing this treatment for the past five years in above fifty cases, I believe that practically every case of acute gonorrhea in which it is possible to make a thorough application of heat at the right temperature, may be aborted.

After one prolonged application of heat the discharge rapidly becomes thin and watery. The gonococci rapidly disappear and within ten days are absent. The urethral catarrh caused by the disease and the heat disappears in about two weeks, but the time for this varies according to the individual's disposition to recover from catarrhal conditions.

One application of the heated bougie has been my usual course, following it with a mild astringent injection. I know of no reason why the heat may not be applied every day for four or five days, though I have not found it necessary. The length of time allowed for an application has been from thirty to fifty minutes, although there is no reason why it might not be longer. It may be that an exposure of thirty minutes will destroy one strain of the gonococci while it might require an hour's exposure to accomplish the same result with another strain.

For the application of the heat, I use a hollow bougie (18 French) in which the water is caused to circulate all the time. At the point of entrance of the heated water, is a thermometer, showing temperature as water passes into the bougie, and at the point of exit alongside of the point of entrance is another thermometer which shows temperature of water as it leaves the bougie. With this arrangement one may control the temperature of the bougie throughout its entire length. This is important. To heat the water I use a small tank heated by a small electric water heater. Woodard & Clark, of Portland, Oregon, make a small, compact electric water heater made on the principle of the hot water furnace, which it is claimed works well. I have not used it so far. Have tried the electrically heated bougie but it will not do the work and it was abandoned for the hot water circulating through a metal bougie, which is absolutely dependable.

The treatment has been tried in a few cases of chronic gonorrhea with some striking successes. It has not been expected that in the chronic mixed infection cases the treatment would accomplish

much. A temperature that will destroy the gonococci will not destroy the other bacteria met with in cases of mixed infection. I believe however that subjecting any of these bacteria to a prolonged exposure of 120° F. of heat, may weaken their vitality and perhaps check their growth. This may explain why some chronic cases have yielded so readily to treatment.

For the patient, at times the treatment is painful, though ordinarily he bears it very well. Occasionally one meets a supersensitive man who will not endure the treatment. Sometimes cocaine has enabled me to use the treatment, which otherwise would not have been borne. The great majority of cases make no trouble when the object of the application of heat is explained to them.

The treatment is simple and safe. It does not interfere with any other treatment that one may elect to follow, and the results I have obtained and the results of others who have tried it, are so encouraging as to lead me to write of it again.

Heat is a genito-urinary antiseptic wherever it may be used. It may be used within the bladder; it may be used in the rectum and urethra at the same time and through the combined use raise the temperature of the seminal vesicles; it may be used in the vagina in conjunction with applications over the abdomen and thus raise the temperature of the tubes and uterus. It does not require a high temperature to check the growth of the gonococci. Many a close observer has noted that a sharp attack of epididymitis often cures a gonorrhea. Almost every man with an attack of gonorrhea, who has an intercurrent attack of fever with a prolonged high temperature, is cured of his Neisserian infection.

I trust some member of the profession who has plenty of material and assistance may be interested enough in what I have written to take up the work and give it a thorough test.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

A RAPID AND SUCCESSFUL TREATMENT OF SYPHILIS

By DR. ANDRÉ BERNHEIM.

Physician to the Chaptal Supplementary Hospital.

IT is of the first importance, just at present, that every man affected with contagious syphilitic lesions should be returned to the army at the earliest possible moment. It is necessary not only to cure his lesions in the quickest fashion, but also to administer a line of treatment so intensive and so sterilizing as to delay indefinitely the return of symptoms and thus to pre-

vent, if possible, a subsequent hospitalization. For these reasons, therefore, we wish to report the technic which is now being followed at the Chaptal Supplementary Hospital in the service created and organized by Professor Saucher, physician-in-chief to the Villemin District Hospital and directed by Dr. Butte.

To be sure the several component parts of the treatment, taken individually, cannot claim the virtue of novelty. Nevertheless we should like to show how easily one can by intensive medication bring to bear in a single charge, so to speak, all the elements of anti-syphilitic warfare. Moreover this can be done in any hospital organization at the front with the exception of the relief posts where an experience of seven months in the infantry and in the Alpine chasseurs has shown that it is impossible to treat a syphilitic except with pills. Even this is difficult because of gastric or intestinal symptoms which may arise in men subjected to peculiar conditions of life, of hygiene, and of alimentation, differing from the normal or at least from the customary conditions of peace.

Our routine, then, is the following: On his arrival, the patient is examined carefully in order to discover any organic defect. He is weighed. The twenty-four hour urine is collected and analyzed. The dentist cleans and treats the gums and teeth. The patient receives a tooth brush and dental powder (mentholated or camphorated chalk) or better still a dental soap. He is taught how to brush his teeth morning and evening and after each meal. As a further prophylactic against the possibility of stomatitis or gingivitis the patient receives a daily painting of the gums with a 1:50 chromic acid solution. Finally, he is given six to eight potassium chlorate tablets to suck on during the day.

So much for the preliminaries. If the gums are in good shape, and the urine is free from albumen (indicating good renal permeability), the treatment may be begun twenty-four hours after the patient's admission to the hospital. Daily intramuscular injections are given according to the classic method. The patient may be either standing or reclining; after the treatment, some of the men prefer to lie down for a while whereas others get into Indian file and perform a few gymnastic evolutions. It is very well worth while to allow the individual patient a little freedom in this respect as well as regards the side and site of injection. In this way the personal idiosyncrasies of each subject are provided for.

In order to obtain a rapid and lasting result the dose of

mercury should be as high as possible without inducing symptoms of intolerance which would necessitate the interruption of treatment. The salts selected are the benzoate of mercury, employed in a one per cent. solution, according to Prof. Gaucher's formula, and the biniodide of mercury. In these intensive cures of war time the sole factor which decides as to which salt should be used is that of pain. Sometimes one of these salts is painful whereas the other is completely painless in the same subject.

We have adopted a daily dose of three centigrams [$\frac{1}{2}$ grain]. This has given us the best returns; it is by no means excessive, gives positive results, and has enabled us in almost all cases to give an uninterrupted course of twenty injections. Doses of four or five centigrams which are also well tolerated may however, owing to a light stomatitis, cause a loss of several days in the midst of the treatment and thus lengthen the period of hospitalization. In case of doubt the patient may be tested out with a dose of two centigrams [$\frac{1}{3}$ gr.] The dose may then be raised quickly to three centigrams.

After the injection it is well to hasten the elimination of the mercury. To this end sulphur water is employed as it regularizes and intensifies the treatment, prevents stomatitis or hastens its cure. Each morning on arising (or at the time of injection if one wants to make absolutely sure of the execution of the treatment) each patient drinks a glass of the artificial codex sulphur water of the French Codex. He is cautioned to sip it slowly, by small mouthfuls. It is well to recall in this connection that sulphur waters increase the number of red cells and the percentage of hemoglobin and have an excellent effect on the general condition. Furthermore, in order to insure good renal and hepatic functioning, a liter [quart] of milk is distributed each day as a supplementary ration, one half to be drunk in the morning, the other in the afternoon, between meals.

Recent investigations have shown the unmistakable influence upon specific lesions of arsenic combined with mercurial treatment. Accordingly, our patients receive, during their noon and evening meals, a pill or granule of a milligram [$\frac{1}{60}$ gr.] of arsenous acid or of the arsenate of soda.

In order to overcome the fatigue occasionally caused by the treatment there is added to each pill a milligram [$\frac{1}{60}$ gr.] of sulphate of strychnine. However, it should not be forgotten that the patients are permitted to rest up during the day, despite the

fact that they make themselves generally useful about the hospital.

It goes without saying that during this intensive treatment the men should be examined every day as regards their general condition. The urine should be analyzed about every six days, and the gums and teeth should be watched in order to suspend treatment at once if this should be necessary. Finally, the digestive tract and the liver should not be lost sight of, although we have never had any accident on that score.

During all this time, the local lesions are treated intensively. The chancres are "warmed" with the flat of the thermocautery held some distance away, the duration varying according to the reaction, and are then dressed either with calomel powder, calomel ointment, or the neapolitan ointment [*Unguentum Hydrargyri*]. The mucous patches are treated every day or every other day with a solution of silver nitrate, 1 to 10 or 1 to 15, and are then touched with a 1 to 15 chromic acid solution (silver chromate), or with the zinc pencil. Gummata are treated with Vigo's [mercuriall plaster, the effect of which may be intensified by first spreading over the lesion a thin layer of the mercurial or of calomel ointment. The fall of hair is stopped and its growth activated by means of a stimulating lotion. For symptoms indicating mixed treatment (headaches, vascular lesions, gummata, etc.) the patients receive a daily potion containing four to six grams of potassium iodide. Finally, every two or three days the syphilitics take an alkaline bath, replaced whenever possible by one of sulphur, in order to supplement the absorption of the sulphur water.

Under the influence of the treatment carried out in this manner we have seen all symptoms disappear with astonishing rapidity. We have purposely disregarded the Wassermann reaction, the examination for spirochetae, etc., these being laboratory procedures which we were hardly equipped to carry out. Exception should be made of certain buccal and tonsillar plagues, which despite careful attention, seemed to persist indefinitely. These lesions were probably "nursed along" by the patient either by deliberate local irritation or by tobacco smoke,—for it is practically impossible to keep soldiers afflicted with throat trouble from smoking.

After a course of twenty injections (one a day) there was hardly a patient who arrived at the twenty-first day of his stay in the hospital who was not cured of the contagious lesions which

were responsible for his admission to treatment. The chancres cicatrized in from five to sixteen days, the most extensive mucous patches and papulosquamous syphilides, in fifteen days. The gum-mata take a little longer to cure, but they constituted the minority of cases we had to treat. We cannot say positively that the recurrence of symptoms was delayed in our patients but everything leads us to feel that such was the case, for many of them belong to the same garrison and would have been returned to us had further manifestations developed. Finally, on his discharge from the hospital each patient receives a copy of instructions. This is written in an entirely impersonal manner and is not meant to replace the services of the regimental surgeon but simply gives very general directions as to what the patient is to do in the future.

In conclusion, we believe that it is possible in any hospital organization, and simply with the drugs available at the front, to carry out a line of treatment sufficiently intensive to cause the disappearance of practically all the contagious lesions of syphilis during a hospitalization of twenty-one days, and to sterilize the disease to such an extent that the patient will be put into condition to resume service without being obliged, for some time to come, to undergo a new course of treatment. So far at least, we must be satisfied with a purely opportunist therapy.

A rigorous examination of the patient on his arrival, scrupulous surveillance during treatment, a good dentist, a tooth brush, the benzoate or the biniodide of mercury in daily doses of three centigrams, sulfur water by mouth and sulfur baths, milk, the arsenate of soda and the sulfate of strychnine,—such are the arms which we may combine in our effort to restore speedily to the army a sound and vigorous combatant.

[I am glad to publish the above paper which was read before the Société de Médécine de Paris. While the treatment is distinctly a military one, it could very well be adopted in civil hospitals and even in private practice. It is rather worthy of note that none of the cases was treated by either salvarsan or neo-salvarsan. This is probably due to the fact that Professor Gaucher, who is at the head of the service, is opposed to salvarsan. Whatever the cause, the fact remains that the results were very gratifying *without* salvarsan, and this confirms the judgment of the most careful venereologists that between salvarsan and mercury, mercury is the much mightier weapon in the fight against syphilis.—Editor]

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SYPHILITIC REINFECTION; A STUDY OF THIRTY-ONE CASES.

By A. D. DE LAVIERGNE, M. D.

Ex-Extern of the Paris Hospitals.

MILIAN says (*Progrès Médical*, May 1910): "Besides those facts in which there is a distinct syphilitic reinfection at the point of inoculation, it seems to me that there exist cases of reinfection without any objective manifestation at the point of absorption of the virus, a true *super-syphilisation* to use a terminology applied by Carnot to tuberculosis under the name of supertuberculosis. I have seen, in fact, a physician, syphilitic for ten years, who presented, three weeks after coitus with a female whom he knew to be afflicted with secondary accidents but believing himself vaccinated took the risk, a dozen typical small squamous papules scattered over the back at the same time that he suffered from rather severe headache, which disappeared by mercurial treatment which was recommended."

Referring to the above remarks Marcel Pinard writing two years later says: "There is nothing astonishing that the introduction of a foreign treponema into a syphilitic subject should pass by unnoticed and be followed by secondary accidents, without having set up any appreciable reaction at the point of introduction of the virus." (*Progrès Médical*, March 1912).

Thus it is clear that such facts cannot be confounded with cases of true reinfection, since the primary sore has escaped notice. Prof. Fournier has maintained that he has never seen a single case of syphilitic reinfection. All accidents considered such are, according to him, all involved in two mistakes: (a.) an error in diagnosis or the lack of certainty as to the reality of the first syphilis; (b.) a *chancriform lesion and not a chancre* in the second.

Our present means of investigation, the search for the treponema and Wassermann's reaction being the principal ones, to-day give us an absolute certitude as to the first syphilitic infection. And accumulated experience permits with sureness the clinical characters of a new infection, so that for some years undoubted cases of syphilitic reinfection have been recorded.

Many writers have published cases both authentic and in accord with each other and after this considerable number of similar facts it might be assumed that an accord had been reached among syphilographers and that the question of reinfection was

for ever settled. Some writers, reverting to the argument of the chancriform lesion, still deny reinfection or seem to believe that all published cases are subject to this objection. They fortify the argument by saying that these *chancriform accidents can be followed by secondary lesions, which would render impossible, if this were exact, all distinction between the chancre and the chancriform lesion.*

The paper that served to satisfy the theory of secondary pseudo-chancere with secondary accidents is due to Fribœs, but if writers had taken the trouble to read the original, and not journal abstracts, they would have become convinced that the four cases he records have no comparison to those of true reinfection.

Undoubtedly there exist *secondary and tertiary chancriform accidents* which, at first, seem to be a second syphilitic infection and for this reason mistakes have slipped into the older recorded cases. But to-day we know that these chancriform accidents are distinguished from chancreas of reinfection by several characters, the two principal being: (a) *the absence of a corresponding lymphatic involvement*, and (b) the usual coexistence of other syphilitic accidents of the corresponding period, such as: headache, insomnia, buccal lesions, multiple lymphatic enlargements (generalized scleroadenitis of the Germans). I insist on the fact that the syphilides are very rarely isolated and it may be admitted that they usually accompany other syphilides or corresponding lesions. As Queyrat says, in speaking of his case; "If one is dealing with chancriform syphilides, we should be able to find the other syphilides on other parts of the body, but in reality they do not exist."

The lymphatic sclerosis is very characteristic. One finds lymphnodes almost everywhere, instead of the *satellite lymphnode* of the chancre. Add to these characters that in chancriform syphilide we do not get the history of a contagion followed by a period of normal incubation. And lastly, Wassermann's reaction acts differently in the case of secondary syphilides and the chancre. In the former it is positive from the beginning of the accident; in the latter, it only becomes positive some days after the appearance of the lesion.

Now, I reserve the name of syphilitic reinfection to cases where a second syphilis develops in the identical conditions of the first, that is to say:

- (1). The knowledge of an exposure to contagion;

- (2). A period of incubation of from fifteen to thirty days;
- (3). The presence of a typical chancre with *a corresponding lymphatic sclerosis*;
- (4). The development of secondary accidents at the usual time.

Since a few years, the cases of syphilitic reinfection have become more and more numerous and especially more and more precise. Observers have been careful to submit their patients to an energetic medication from the start which has allowed them, in some cases, to note the appearance of a second infection after a relatively short time. They have surrounded themselves with all the certitude that the laboratory could offer, namely, ultramicroscopy, Wassermann's test and animal inoculation.

The study of the writings of these last few years and facts which have been recorded would seem to have settled the question of syphilitic reinfection, so often the cause of controversy, and so important from the viewpoint of general pathology and therapeutics. I shall now review some of the thirty-one cases of reinfection I have studied, including one of my own.

The first to which I shall refer was reported by Bergsdorf of Kazan in 1907 and as at this date not much had been published on the subject, Bergsdorf hesitated as to the diagnosis of a syphilitic reinfection, all the more so, because the second infection occurred within hardly fourteen months after the first. In this case the existence of a first syphilis is undeniable; there was the history of a suspicious contagion, the clinical picture of the chancre was perfect and followed by *a roseola*. As to the second infection, there was a typical ulceration with corresponding lymphatic sclerosis.

In the same year, Pawlow reported another case. Here there was a distinct syphilis seriously treated for five years; then a period of absolute silence extending from Jan. 1903 to Oct. 1907, during which no syphilitic manifestation was observed which did not prevent the administration of some cures with bichloride given subcutaneously. Nine years after the first infection the patient developed chancreas after a suspicious coitus. Microscopically *the treponema was found* and there was a *characteristic lymphatic involvement*. After a normal lapse of time a *roseola* appeared and more than a year afterwards one noted late secondary syphilides and small gummatas.

Abeille, in speaking of his case, employs the term "rein-

oculation" which may evidently lead to some confusion. To-day we say "reinfection," in order to distinctly separate the cases which really belong here from those representing an auto-inoculation, a subject upon which much has been written. In the case here alluded to, a lapse of four years occurred between the two chancres, so that no doubt can subsist for we have *two chancres, two roseolas, two series of mucous patches undergoing their evolution several years apart.*

Milian's first case is clearly one of syphilitic reinfection in a male who had had syphilis for eighteen months. The chancre on the penis with enlarged inguinal glands represent the objective characters and evolution of a syphilitic sore. The incubation of some forty days, the appearance of inguinal lymphnodes some days after the chancre confirms this way of reasoning. The evolution, for that matter, justified the diagnosis because a roseola developed at the usual time. The former attack of syphilis can not be doubted because Milian himself saw the first chancre, the induration of which still remained and since then the patient developed mucous patches in the throat. This is not an instance of *chancere redux* because the second chancre was seated at a different part of the penis from the first chancre, it being on the foreskin, while the first sore was located in the balanopreputial sulcus.

Milian's second case the history is distinct; the patient stated that three weeks previously he had coitus with a woman whom he knew to be syphilitic. Enlargement of the lymphnodes was not marked but an extensive roseola over the entire body appeared forty-five days after the chancre. The first syphilis was authentic, confirmed by an ultramicroscopic examination and secondary accidents. Another instance reported by Milian was that of a patient who had *several syphilitic chancres* with treponema and *positive Wassermann on Sept. 3.* Then the chancres cicatrized and the Wassermann was negative on Dec. 6. On Dec. 12 the patient presented two ulcerations on the penis having *the type of an ectymatous syphilitic chancre with inguinal glands on the left.* This was not a secondary syphilide because there was induration and a typical objective aspect of the chancre with inguinal glands and a history of exposure to infection. Neither was a case of *chancere redux* since the accidents were located at a different spot from those of the first infection. And lastly, the patient's wife had resumed sexual relations with him during the height of development of mucous patches on the vulva because she was ignorant of

the syphilis with which she contaminated her husband the first time and was not treated.

It might be supposed that the lesions in the husband were secondary chancriform accidents, but it would be remarkable that these lesions should be localized to the penis and in such small number, and all the syphiliographers who examined the case, including Gaucher, Jeanselme, Herdolo and Queyrat coincided in the diagnosis of reinfection. This is also an example of fresh contagion from the same source. *The mucous patches were on the left labium minorum, the chancres on the right side of the glans penis.* The first infection was cured by a single injection of salvarsan and the reinfection occurred three months later.

In the patient under my care the first chancre was undoubtedly followed by roseola but it is to be noted that the treatment was commenced at once. I did not see the second chancre (which was on the lip) in activity but it had been diagnosed as syphilitic chancre in Dr. Darier's service, but there still existed a characteristic blackish scab with induration and enlarged submaxillary glands on the left. The roseola appeared at the customary time. Treponema were present in the serum taken from the ulceration on the penis in the first injection three years previously.

The roseola was composed of *small elements* which speaks in favor of a primary roseola following a chancre, and not of a recurring roseola which usually assumes the form of large plaques, while the enlarged submaxillary glands on the left in relation to the sore on the lip is not an occurrence of chancriform syphilide.

Space forbids further discussion of other reported cases but among those published during the past three years a certain number are not, perhaps free from criticism, but other than this I am of the opinion that the majority leave no doubt as to the reality of a reinfection. Therefore, it is not an indifferent matter for a cured syphilitic, or one considered such, to again expose himself to contact with exogenous syphilitic lesions.

CONCLUSIONS.

I. Like other infectious diseases, syphilis may be contracted a second time.

II. The term of syphilitic reinfection should be reserved to those cases in which a second syphilis develops under conditions identical to the first, that is to say: The exposure to infection, a

period of incubation of from fifteen to thirty days, the presence of a typical chancre with a *corresponding adenopathy*, the development of secondary lesions about forty-five days after the beginning of the chancre.

III. Secondary and tertiary chancriform accidents exist which must not be mistaken for chancares of reinfection. They are differentiated particularly by the absence of a corresponding adenopathy and by the usual coexistence of other syphilitic accidents (headache, insomnia, multiple lymphatic involvement, buccal lesions) of the corresponding period.

IV. The greater frequency of reinfection during the last few years is due, on the one hand, to the fact that the manifestations of syphilis have been better studied than formerly; on the other hand, modern treatment is more powerful and more often realizes, if not a complete cure (which is possible), at least a condition of "morbid virginity" which was unknown until recently.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

HOW TO PREVENT AN EXCESSIVE FALL IN THE BIRTH-RATE WITHOUT INTERFERING WITH THE USE OF CONTRACEPTIVES.

BY PROF. A. GROTJAHN, Berlin.

[Prof. A. Grotjahn has written a book on the limitation of offspring and the regulation of the birth-rate. He discusses the greatly diminished birth-rate in all civilized countries and shows that this diminution is due to the use of artificial means for the prevention of conception. He points out that the use of preventives can go too far, that it may even endanger the existence of a nation, especially when such a nation has a neighbor that is in a lower stage of culture and has therefore a high birth-rate. He points out, however, that to fight a diminished birth-rate by prohibiting the sale of contraceptives is neither wise nor feasible. First of all, because there are many methods for the prevention which are not amenable to any police regulations. Second, to prohibit the use of contraceptives would be a misfortune in many instances, because both the interests of eugenics and the individual health of the mother very often demand the

use of preventive measures. The interference with the recommendation or the sale of contraceptives being neither wise nor feasible and an excessively diminished birth-rate being a real evil, the author propounds the problem: How can we prevent an excessive fall in the birth-rate without interfering with the use of contraceptives. In other words, how in spite of the universal knowledge and use of preventives can we still encourage the people who are best fitted for it to bear a sufficiently large progeny? And he tries to solve this problem in Part III of his book. Parts I and II of the book deal with the arguments for the necessity of contraceptive measures. These we need not reproduce here, for we have presented them times without number long before the appearance of Grotjahn's book, and they appear also clearly and concisely in our book, "Fewer and Better Babies, or The Limitation of Offspring by the Prevention of Conception." Part III, however, deals with a different aspect of the subject, and we thought it would be both of value and interest to give our readers a resumé of that part of Prof. Grotjahn's book. The resumé follows. We present it in three papers: 1. Readjustment, 2. Conscious Parenthood, 3. Economic and Social Means of Increasing the Birth-Rate.—W. J. R.]

THE READJUSTMENT.

WE must realize that there are dangers in the spread of information as to the methods of preventing conception. A universal diffusion of that knowledge can jeopardize the existence of whole nations; it can cause them to be overrun by neighboring nations in a lower stage of civilization.

Those, therefore, who have the weal of the race at heart have come to the conclusion that it were better if such knowledge had never been acquired or could be kept entirely from the people. The world, however, cannot retrace its steps; and besides, there are cases where medicine and eugenics may demand the prevention of an inopportune or defective fetus. The interests of the mates who refuse to give up their right to limit their offspring are in conflict with the interest of the nation which demand an increase of the birthrate at all costs. We must try to adjust this difference and to establish a modus vivendi safeguarding the rights of both parties.

We must begin by reviewing the various suggestions made

for penalizing the attempts to impart knowledge of anticonception methods.

It goes without saying that the methods of prevention which do not require any mechanical appliance, such as coitus interruptus, or the observance of the Capellmann law, foil all attempts at official regulation. Neither can the use of vaginal douches be prohibited. While these three methods are not infallible, experience has demonstrated that they were sufficient to bring about a strong decrease of the birth rate. The manufacture and sale of vaginal suppositories could be forbidden but those can be easily replaced by injections containing certain antiseptics. Pessaries are a part of the physician's instrumentarium and their use cannot be restricted.

Many efforts have been made to suppress the trade in condoms. Condoms, however, are the best means of preventing infection from venereal disease and the restrictions placed upon their sale have simply fostered the surreptitious manufacture and marketing of inferior articles at higher prices.

And then, as the secretary of the German Society for Combating Venereal Disease wrote in a report: "While we all agree that immoral relations are to be condemned and that those who violate the moral law have only themselves to blame when they become infected, at the same time those immoral persons, when infected, become a grave danger for the moral ones; whoever curtails the sale of preventives endangers the health of the nation. And as the means of preventing conception and the means of preventing infection are identical, any restriction placed upon the sale of the former defeats the efforts at suppressing venereal diseases. It is evident that but for the use of preventives the whole world or at least the whole civilized world would be entirely infected with syphilis."

"We call a man like Jenner one of the great benefactors of humanity because he discovered a means of checking the spread of a certain epidemic disease. And yet when we have at our disposal a means of preventing disease whose efficiency is only limited by the fact that knowledge of it is not spread widely enough among the people, we are trying not only to keep the people in ignorance of it but to prevent its use by statute. A statistician has computed that the annual loss to Germany due to sterile marriages is 220,000 children; but gonorrhea is responsible for an annual loss of some 200,000 children, not to mention the terrible physical and mental sufferings which this figure does not reveal. Will we then on

one hand try to curtail a falling off in the birthrate and on the other hand remove the most potent check to the spread of gonorrhœa, a disease which will cut down the birthrate even more speedily?"

To forbid the sale of preventives except in pharmacies and to those presenting a prescription would not make it impossible for the public to secure them. In Norway and the United States the law against importing, advertising or selling preventives has proved a failure.

The fight waged against the condom is the more absurd as the authorities on the other hand protect by patents the manufacture of other appliances which are either impractical or dangerous; for instance, vaginal obdurators or injectors with long sharp endpieces of hard rubber; and the latter, which can only serve for preventing conception, are offered for sale in every drugstore window.

To refuse patents for such appliances would help very little to check the spread of anticonception practices or to increase the birthrate.

Our conclusion is then that the most effective means of preventing conception either escape all regulation by statute or as in the case of the condom, could not be suppressed without a blow being dealt to the campaign against venereal diseases. In no way will the intervention of the police, of the legislators, or the judiciary stop the decrease of the birthrate.

Since negative measures will not produce any results we must resort to a positive measure, regulation of the birthrate. An appeal must be made to the moral sense of the individual.

For centuries morality and religion were inseparable. In many races religious ideas whose origin was obscure but which were evidently bound up with economic necessities allowed or even made it compulsory to kill or expose or sell a number of children or to practice abortion in order to regulate the size of the community group. Certain religions on the other hand ordered the faithful to grow and multiply without restrictions. It was of vast importance for the history of civilization that among the latter was the Jewish religion which in this way not only was able to recover from the most terrible setbacks, but thru its offshoot, Christianity, transmitted to the European nations the doctrine of the blessing of parenthood and of the criminality of infanticide and abortion. This alone enabled those nations to offset the terri-

ble waste of human material consequent upon their cultural rise.

To this day the Catholic religion has forbidden the prevention of conception by any other means than abstinence. The Catholic church has proved the greatest bulwark against a falling off of the birthrate in the countries where it has held sway. The question is: how long will that bulwark hold out? The example of Catholic France does not speak well for its power of resistance.

The evangelical confessions have not taken such a definite stand against the prevention of conception. They cling to the judaic-biblical morality but they permit it to be modified according to the necessities of the times and they leave the final decision to the individual conscience. A glance even at the families of the younger generation of ministers shows that the proverbial fecundity of the pastor's wife is no longer what it used to be.

A church that would attempt to demand obedience to its rules in every detail of life would soon lose its authority.

The Jewish race is a most instructive illustration of that fact. The minutiae of its strict religion which interferes even with the minutest details of sexual life are absolutely irreconcilable with the life necessities of the present day and therefore are entirely ignored. In the absence of any leader formulating new precepts in the matter, the Jews have adopted anticonceptive practices which are fraught with danger for their survival as a racial group.

Even the Catholic church will have to recede from its stand against preventive measures; or else Catholics will on that particular point be less inclined to obey the dictates of their church. The size of the Catholic middle class families proves that the process has already begun. It is only in the country or within certain racial groups of particular fecundity that Catholics show any tendency to bring up very large families.

As far as our subject is concerned the increase or decrease of religious feeling seems to have very little importance, for people are less and less willing nowadays to let the church dictate to them in matters which are outside of the purely religious field.

The parents of to-day are seeking elsewhere advice as to their duties in regard to the limitation of offspring. We observe a keen sense of duty in these matters and precisely among parents who know and practice anticonception methods. The very realization that they can at will limit their offspring weighs upon their conscience. While those people can never be talked into

giving up such practices, they would not turn a deaf ear to those telling them that for healthy parents it is immoral, because it is unsocial, to withhold from society and from the nation the increase necessary to its survival.

It is the duty of science and medicine on one hand, of political economy and sociology on the other hand to establish definite rules regarding the regulation of births. Also it will be imperative to publish those rules broadcast. The majority of married people are very much in the dark about their duties in regard to the propagation of the species. They must be enlightened and the actual facts must become graven in their minds. Not that attempts have not been made previously to establish such rules but they were rather inefficient.

To avoid the misery coincident with an adjustment of the population to the food supply, Malthus preached moral restraint, celibacy, late marriages and continence during marriage. Malthus was inspired by Franklin's observations on the relation of the food supply to the numerical increase of individuals in the animal and plant world. Like all theories which try to apply to man observations made in the animal world, Malthus' theory presents a mixture of truth and error, of evident facts and questionable assertions which countless economists have tried very hard to unravel. Malthusianism is only interesting to us on account of its modern form: Neo-malthusianism which advocates the limitation of offspring and advocates the use of anticonceptives for economic rather than for medical and hygienic reasons or for reasons of individual convenience. Neo-malthusianism has little in common with Malthusianism except its name, for to Malthus the few preventive means known in his days were sinful and abhorrent. He himself expressed the fear that if parents were enabled to limit their offspring at will, man's natural laziness would increase considerably and the population of the earth would never reach its normal size.

But it is equally unjust to designate as Neo-malthusianism the use of preventive methods. For that doctrine considers the speedy growth of the population as the source of all social wrongs and consequently advocates a curtailment of the birthrate the world over. Neo-malthusianists are not interested in regulation but in limitation. Regulation of the birthrate, however, is not prejudicial to a growth of the population. On the contrary, regulation having for its corollary an increase of the population is

precisely what we should strive for, on eugenic, national and social grounds.

Neo-malthusianism is not necessary, for the downward tendency of the birthrate is general nowadays and will make itself felt within the next ten years in the remotest corner of the civilized world. The present day's duty is to select among the many means of preventing conception, some of which are dangerous, many of which are instruments of torture, the few which are reliable, effective and harmless and which are also of service in the fight against venereal disease, and then to acquaint the public with them. This is a task for the physician and the hygienist. If the Neo-malthusians are willing to help in that direction they must first of all discard their misleading name. Their movement may then have a great future.

It would be idle to attempt to stem the decreasing birth rate by proceeding against the Malthusians; that has been done on several occasions with only one result: giving their literature the widest publicity.

Economists of various nationalities have expressed themselves as favoring the limitation of offspring. Among the older men we notice a certain anxiety over the danger of overpopulation. The younger men seem free from that fear. Some of them on the contrary worry over the decrease in the birthrate. This very disagreement holds out a rich promise, for regulation will give us the means of combating both the danger of overpopulation and of a falling off in the birthrate.

The rapid growth of the population which took place in the middle of the last century and which was due to a falling off in the deathrate while the birthrate remained constant, was very apt to frighten the economists. But the tide has now turned and the ebb in the birthrate which has not as yet attained its lowest point finds a loud echo in modern writings.

As far as Germany is concerned there is no reason for worrying about overpopulation when we need one million foreigners to keep up the production of goods and when we find ourselves, in spite of the excess of births over deaths, unable to satisfy the demand for labor. If we undertake to regulate the birthrate, we must do so with an increase of the population in view.

What is most needed by married people who know and practice prevention of conception is advice on the subject; ministers of the cult are no longer listened to, the authorities are indifferent

and even the physicians have nothing definite to offer. From this lack of advice has sprung up the two-children system dear to bourgeois families, a system based upon the facile but erroneous conclusion that two children are sufficient to replace their father and mother and to keep up the level of the population.

Besides the two-children system there is another system even more generally accepted and much more dangerous from a social and national viewpoint. According to this theory parents should not bring up any more children than they can take care of. The term "take care of" is very elastic in its meaning. Parents with an income of 10,000 dollars may feel that they cannot take care of more than two children; and so does the workingman with an annual wage of 1,000 dollars. Such a system fails totally to insure the survival of the race or nation.

Even a three-children system would be inadequate; for with an average of one sterile couple out of ten the birthrate would only be 16 per thousand of the population. Under the most favorable circumstances a population could maintain itself with a birthrate of 17 per thousand but this of course would presuppose a wonderfully low deathrate among infants and children. Twenty per thousand must be considered as the lowest limit that would permit a nation to merely maintain its numbers. But with such a birthrate it could not grow. In order to make any headway a nation would require a birthrate of thirty per thousand even admitting that we can cut the deathrate further down.

We reach the same conclusion from a perusal of mortality tables; the average span of life for men of civilized European nations is 50 years; the deathrate among them is about 20 per thousand. In order to keep the population at its normal level a birthrate of 25 per thousand would be necessary, but 30 per thousand would be preferable.

Let us compute then the number of children every married woman must bear:

- a. 1 child to replace the mother at her death.
- b. 0.3 child to make up for possible stillbirths.
- c. 0.25 to make up for the shortage due to celibacy among women.
- d. 0.12 to make up for the shortage due to sickness of parents making marriage sterile.

Total 1.67 children. Multiplying this sum by two to include the births necessary to keep up the normal number of men we

reach the total of 3.34 per mother. Another 0.05 must be added to compensate the extra mortality noticeable among boys. And thus we reach the total of 3.39 per mother. But this only preserves the normal and does not provide for any increase. On the strength of these calculations I would propose the following rules:

1. Every married couple should have a minimum of three children attaining the age of five.

2. Even in case the parents' constitution does not lead one to expect very vigorous offspring that minimum should be attained, but not overstepped.

3. Parents who enjoy especially good health should bring up twice as many children and for every child after the third receive a compensation paid out of a tax on all bachelors and on all the parents who for some reason or other have less than three children.

Rule one is very important, for the minimum number of three children should not be interpreted as including the infants and young children who may die before they reach their fifth year.

Rule two is important also for too many parents remain childless on the plea of physical weakness. We know too little, however, about the laws of heredity to determine what parents should be relieved of the duty of procreating children.

The tax on those who have less than three children is not a penalty, but simply an equitable retribution for a service which some parents render in a greater, others in a smaller degree.

As soon as measures of this type will have assured the maintenance and bettered the quality of the population the rational use of preventives can be allowed without restrictions. A reasonable interval could then be allowed between pregnancies and too frequent motherhood could be avoided in classes of the population which are not able to stand the increase. The family doctor could for eugenic reasons forbid the bearing of any more children and a distinction could be sharply drawn, as Forel suggested it, between the sexual connections which are and those which are not intended to bring about procreation. This would place sexual life on a much healthier basis.

Above all, we must avoid the widely diffused error of regarding love as a simple and single feeling. The exact opposite is the truth—love consists of an entire group, and, indeed, of an extremely complex, incessantly varying, group of feelings.—H. T. FINCH.

VENEREAL DISEASE AS A RETRIBUTION FOR ILLICIT INTERCOURSE

BY WILLIAM J. ROBINSON, M.D.

"Nature has devised a retribution for illicit intercourse in the form of venereal disease."

I WISH I possessed a pen sufficiently sharp and vitriolic and a vocabulary sufficiently rich and varied, to characterize properly this sentence, to brand it as it deserves to be branded.

As I said many times before, I never quarrel with a man's religious opinions or moral conceptions. If a man says that such and such a thing must not be done because religion forbids it or because it is against his moral code, that settles the matter. I may despise the man for his savage ideas, but I do not argue with him. You cannot argue the right or wrong of religion or of morality unless you want to let yourself into a discussion of the essence of religion and the evolution of morality in general, and that would mean attempting to change a person's entire outlook on life, which is a proper task for a philosophic treatise but does not belong to the scope of a journal dealing with sexual questions only. And if this sentence came from the pen of an obscure clergyman, or a common pious humbug, or the sincere but ignorant "average man," it would not be worth while criticising at length. But this sentence is from the pen of one of our foremost educators and so-called leaders. It is from the pen of Winfield Scott Hall, who is both a Ph.D. and M.D., and is Professor of Physiology in one of the largest medical schools in Chicago. You will find it in his "Sexual Knowledge," published by the International Bible House, Philadelphia, on page 129; and coming from such a man it deserves the most unmeasured condemnation, even if in order to do so the language used must be acute to the point of being unparliamentary.

It isn't sufficient to characterize it merely as a stupid falsehood; the injury of such statements is much greater than one would casually conceive; they have a further reaching significance in the fact that they tend to loose, illogical thinking and lead to false ideas about Nature in general. Coming from a scientist such a statement is nothing less than a crime. Just think of what the sentence means: In order to discourage men from illicit sexual relations or to punish them for having indulged in ante-matrimonial or extra-matrimonial relations, Nature has designedly, purposely, created the gonococcus and the spirocheta pallida. So thoughtful, so solicitous is Nature about Man's moral-

ity, so deeply interested is she that men should live in strictly monogamic marriage only (which, by the way, everybody except a Professor of Physiology knows is an institution of only comparatively recent origin), that she has deliberately and purposely devised a retribution in the form of gonorrhea and syphilis for all those who dare to indulge in illicit, i. e., natural sex relations! Any union sanctioned by priest or magistrate is to be blessed, happy and free from any disease or disharmony, any union not so sanctioned is to be punished by venereal disease. And this is Nature's deliberate retribution, and so says a scientist, a Professor of Physiology, who is supposed to instruct and develop the thinking powers of the young!

Venereal disease is Nature's retribution for illicit intercourse. And what is measles, scarlet fever and diphtheria a retribution for? What is consumption, cancer, heart disease, Bright's disease, a retribution for?

You knew Baby A. Three years old and the joy and the delight of his parents. All of a sudden he was attacked with cerebrospinal meningitis, and after a week of extreme torture to himself and those around him, he was carried off. What was that a retribution for? And here is Mrs. B., a beautiful, healthy young woman, married but a year ago and giving birth to a big, healthy boy. All of a sudden a terrific hemorrhage, the efforts of the physician, nurse and consultant avail nothing and the woman is dead, leaving a desolate husband and a motherless child. What was that a retribution for? And here is Mr. C., a man of thirty-six, in the best of health, in the prime of his activity, the father of several children, living a "pure," normal life, free from any vice or excesses. He goes away perfectly well in the morning and returns in the evening with a chill, next day he has frankly developed pneumonia, and in less than a week he is dead, leaving a widow and several children in utmost distress. What was that a retribution for?

What is all the misery and wretchedness which the human race has to contend with practically from the cradle to the grave a retribution for?

No, it is truly sickening to hear a scientist in the twentieth century make such a statement. It is truly a prostitution of the sacred function of Science to be guilty of such statements and it is deeply saddening to see a Professor in a leading University still hold to the kindergarten idea that Nature spends her time doing nothing but thinking of the conduct, of the morality and

happiness of the human race. One would think that even a tyro in science would have acquired the conviction that Nature no more cares for a human being than she does for the lowliest bacillus. The world's greatest poet, the world's sweetest singer, may become and often does become infected with tuberculosis, and it is merely a fight between the man and the tubercle bacillus and only too often does the tubercle bacillus come out victorious.

Yes, I repeat it is a disgrace that a scientist of the twentieth century should still be permeated with the childish, medieval idea of anthropocentrism, with the idea that everything in this world is created with the sole object in view: the comfort and happiness of the human race.

I know that there are some so-called thinkers who would say that not only venereal disease but every disease is a retribution which Nature devised for the breaking of her "laws." They will tell you that every germ disease, dyspepsia, Bright's disease, heart disease, cancer, etc., etc., are punishments for our transgressions of "Nature's laws;" if we only obeyed Nature's laws there would be no such thing as disease. This is stupid nonsense, and the stupidity of this sort of reasoning can be quickly demonstrated. *First* of all, why, if Nature is so anxious about human happiness, did she not instinctively implant in a man a desire to live according to her laws? Why did she not create such laws that living according to them should be much more pleasant than living against them? Why should she create laws of which men are ignorant, and then punish them for being ignorant and living according to their irrepressible desires and not according to her laws? What would one think of a parent who would make a set of laws, not tell his child what those laws are, and then punish the child for not living according to these laws? And *second*, if disease in man is always a retribution for disobeying Nature's laws, how about disease in animals? The poor beasts have no souls, no reason, they don't know about any laws—why are they carried off by the thousands by foot and mouth disease, by rinderpest and so on? Why is there an infective vaginal catarrh in cows which causes epidemic abortions? And why are millions and millions of little fishes swallowed by the big ones? What is this the retribution for?

It is not only in the animal world, even in the vegetable world we have to deal with disease. Trees and other plants are not free from infectious disease which stunts and blights them and destroys them by the thousands. What is that a retribution for?

The fact of the matter is this: Nature does not care one par-

ticle more about the human species than she does about any other species of the animal or vegetable world.

Germs of all kinds are living things, the same as plants and animals are, and when the germs or parasites invade a plant or an animal, then it is a fight between them, and the strongest comes out victorious, and Nature is absolutely indifferent as to the outcome. It may be very disconcerting to hear this, it may be very humiliating to our conceit, but it is true, and we will never learn to think honestly and independently until we get the idea out of our minds that Nature, or whatever name you may want to call her, is constantly concerned with our affairs and our welfare. If Nature were really concerned with human welfare she would not have created the human race so stupid, so senseless, so cruel, as to make the present European butchery possible, which carries off the physically strongest specimens of the race, leaving the weaker ones to attend to the function of procreation.

No, venereal disease is not a retribution. It is simply an accident, a very unfortunate and very deplorable accident, an accident that is responsible for more misery than any other disease which the human race is subject to, but an accident nevertheless. And to speak of it as a retribution is false, stupid and dishonest. The gonococcus and the spirocheta pallida were "created" for no greater and no lesser purpose and have no greater and no lesser reason for existence than have the streptococcus, the staphylococcus, the pneumococcus, the anthrax bacillus, the tetanus bacillus, the bacillus of typhoid fever, of diphtheria, of tuberculosis, the germs of measles, of chicken-pox, of small-pox, of scarlet fever and the thousand-and one other varieties of microscopic life.

I believe in consistency. I believe in carrying every idea to its logical conclusion.

If Nature has devised venereal disease as a retribution for illicit intercourse, then it is unfair and unwise to interfere with Nature in any respect, and the advocacy of venereal prophylactics, teaching young men how they can protect themselves against venereal infection by the use of condoms or chemical prophylactics, should be prohibited, because it is an attempt to circumvent Nature's designs, and this we have been told, always results in disaster.

For there can be no question that fear of venereal disease does act as a deterrent in many cases and the possession of effective and convenient venereal prophylactics does tend to the increase of illicit sex relations.

So far so good; and many of our good and pure sanitary and moral prophylactors do not hesitate to go thus far with me. There are many people, our brilliant Secretary of the Navy among them, who consider the use of venereal prophylactics a reprehensible procedure and one to be discouraged by all means. And they are logical. But they are not logical enough. I believe in *logic to a finish*. If it be reprehensible to teach people the use of venereal prophylactics because such knowledge circumvents Nature and destroys the deterrent effect of venereal disease, then it is also reprehensible, nay even criminal, to *treat* venereal disease, and every venereal specialist is a criminal, because by his skill in curing venereal disease, which is the direct result of illicit intercourse, he circumvents Nature, minimizes the stings of the punishment and thus directly encourages immorality. I am not joking. I am simply logical. And if we believe that Nature has devised venereal disease as a *retribution* for illicit intercourse, then it stands to reason that any attempt to cure venereal disease, to free men from Nature's punishment, is a sin against Nature.

Here is the situation. A man knows that there is such a thing as venereal disease; still, prompted by the imperiousness of his instinct, he takes the risk with the conscious or unconscious thought that if he is unfortunate enough to contract the disease he will go to a specialist who will cure it. But suppose there were no such a thing as a venereal specialist? Suppose the treatment of venereal disease were made a criminal offence? Can't you see that the fear of venereal disease would exert its deterrent effect in a thousand times stronger measure than it does now? If a man were sure that if he contracted gonorrhea or syphilis or chancroids, that he would have to carry the disease for the rest of his life, that not only would there be no hope of any cure, but that he would get no relief, don't you agree with me that such a man would hesitate much more than he does now, before subjecting himself to the risk of venereal infection? Of course you do. Q. E. D.

We thus reach the logical, the unassailable conclusion that if Nature devised venereal disease as a retribution for illicit intercourse, then it is not only criminal to teach the use of venereal prophylactics, as is now done so commonly in the armies and navies of the world, including those of the United States, but it is just as criminal, in fact more so, to treat venereal disease in any form. If a man wants to be a criminal and wants to break Nature's laws against illicit intercourse, then let him bear the *full* consequences, and every man who wants to save him from Nature's punishment,

or wants to cure him after he has been punished, is accessory to the crime.

How does Professor Hall and those who believe with him like this logically unassailable conclusion?

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

VENEREAL PROPHYLAXIS FOR THE FEMALE

BY ERNEST SCHAEFFLE, San Francisco.

THE writer has a peculiar interest in venereal prophylaxis—has had it since the time, about nine years ago, when he contracted a fine case of gonorrhea that worried him almost frantic for three months, cost him a lot of money and otherwise made him wiser, etcetera. At the time, and up to very recently, he blamed himself for his lack of knowledge of efficient prophylactic measures; but he has come to believe that women, who after all are the foci of infection of greatest potential danger, are the ones who know too little—too little for the good of the male, too little for their own good, and certainly too little so far as racial wellbeing is concerned.

Every infected woman is capable of passing on a good many cases, many more than is possible in the case of any man that ever lived, no matter what his virility or desires. The writer was privileged once to examine the record book of a French prostitute, and to check the record from her bank book, which showed daily deposits. The woman was apparently about twenty-eight or thirty years of age, vigorous and free from disease of any sort. Her record book showed a daily patronage of from fifteen to sixty-five (65) patrons. Probably if she had been sick her activities would have been measurably lessened; but just consider the possibilities of damage presented by that one woman! No doubt she was not an unusual case; every big city probably contains dozens and even hundreds like her.

That this one prostitute should have escaped infection throughout her experience as she claimed—or even that she should be free at the time interviewed—is cause for wonder. She knew something of prophylaxis—very naturally; but so do most prostitutes after their first few days of experience, and apparently she knew no more than the average; so we may conclude that she owed her health to her general vigor and to some remarkable venereal immunity.

But the preventive measures taken by the prostitute are in large proportion inadequate, with the result that the woman becomes diseased and then passes her terrible maladies on to perhaps scores of men. These men, of course, become cured in time (or do not) and go back to other women for new infections—which are ever being prepared.

Now, if we could keep the women clean, and cure up the men, it would be possible to do away with the “venereal peril”—of course. But isn’t the work of first importance to be done among the women? Instead of throwing our arms about and yowling to the men about the dangers of infection, with the gratuitous advice to “refrain from relations with prostitutes,” etc., why not pay more attention, in our public propaganda and otherwise, to making the women clean? Of course it is not the women’s fault alone that they suffer and menace the safety of the race—for *race menace* is what modern, civilized prostitution spells to the writer. The poor women—even the “morons” and other defectives and imbeciles—want to keep out of trouble; but they don’t seem to know how. Their methods of preventing infection are on a par with the efforts of the inexperienced woman who wants to escape a pregnancy. Why this ignorance exists is not clear, as every prostitute has a fairly constant acquaintance with the medical profession. But the fact remains that the average prostitute is ignorant of the vital facts of structure and function—which ignorance results in her getting caught even when she thinks she is careful.

For example, few prostitutes (none within the writer’s personal experience) take any precaution before intercourse except occasionally to take a partial douche of some antiseptic wash. There is never any insistence that the man use a condom. As a matter of fact most prostitutes object to the man’s using a condom on the ground that it irritates the lining of the vagina. And again, they may be afraid of displeasing their partner; most men object to using condoms, believing that they lessen the pleasure of the act and in some mysterious way injure their sexual powers. The writer has questioned a number of his male friends in regard to these objections against the condom and cannot say that he is impressed with their validity. Usually the fault is not with the contrivance, but with the man’s ignorance, carelessness or mental attitude. Quite naturally an unrolled condom will cause impatience when the time for its preparation is short, and a condom used dry or one drawn too tightly up to the end of the penis will

likely tear or burst. And further, a man who is satisfied that the condom is harmful—whether the harm can be proven or not—is irritated in the use of it, has unsatisfactory coitus and in time becomes really injured thru the force of his own suggestion. But the condom, when chosen for quality, rolled sufficiently in advance of use and well lubricated with vaseline or lubricating jelly (in the case of the rubber or "French" article) or when well soaked in water (in the case of the "fish-skin"—properly the lamb-cecum condom) provides a prophylactic medium effective alike for the woman and the man.

The writer is not sure that the contrivances are practicable or not when used by prostitutes whose sexual experiences are numerous; but if they are the several things used to block the vagina and close the cervix would do more to stamp out venereal infection than anything that has been tried. For while it is true that the usual act of coition on the part of the prostitute is incomplete, the woman having no orgasm, there are numerous occasions upon which the act is thoroughly consummated and a portion of the man's semen starts up or is even drawn up into the uterus. At a time like this all the douching the woman may do is useless if the man is diseased. Depending upon a douche after there has been a double orgasm is like locking the door after the horses are stolen. If the poor women only knew that prevention is the only safe thing for them—if they would only use safe and sane methods of prophylaxis like the Chinosol suppositories or the several other effective preventives of infection such as the cervical buttons or plugs, the pessaries, or even the vaginal sponges or cotton plugs properly medicated, how much human misery would be avoided!

Of course the use of antiseptic suppositories, capsules, salves or mechanical barriers to the entrance of semen into the uterus would not remove the necessity for prompt and exceedingly thoro douching with chinosol, peroxide, boric acid solution or some other strong but non-corrosive antiseptic. At this point a word of warning should be sounded against the use of corrosive drugs. A great many prostitutes believe that a "good burning" with mercuric chloride before they "begin work" followed by another "burning" at the end of the day—or night—is peculiarly effective in preventing infection! How many of these poor unfortunates destroy their tissues and remove what resistance they have by this drastic scouring! In the writer's opinion the mercuric chloride should be practically withdrawn from use so far as ordinary

venereal prophylaxis, practiced by the layman upon himself is concerned. Certainly there is little excuse for its use now that we have superior antiseptics.

So it would seem to the writer that the women should be helped—never neglecting the men, of course. And the time for education is before knowledge is needed. Many a woman becomes infected at the outset of her sexual career, before she has learned what sexual intercourse really is and before she realizes just where the vulnerable spot is. Most of them begin believing no doubt that a douche after the act will prevent any and all undesired effects, not even dreaming that the mischief is done in a few seconds and is beyond repair by the time she gets up, fixes her douche and washes.

Just how this information can be gotten to those who need it the writer does not know. Surely it is a strange and discouraging condition of sentiment and law that prevents the dissemination of information concerning venereal prophylaxis. Just how the law in regard to "indecent" literature bears upon the circulation of printed information relative to prophylaxis the writer does not know at this time; but it is indeed significant that no such literature is obtainable by the public. So bad is the condition that "Sanitubes" and similar contrivances for the use of venereal preventives by men are not only not obtainable but are not known about by the average pharmacist, at least here in California!

No wonder the scare-mongers have some excuse for suspecting the entire male population and no wonder that the voters of the state could be scared into voting for an impossible "abatement law" for the "eradication of prostitution." Incidentally the law is not being enforced and the average person knows that it never will be enforced fully, so long as the *need* for prostitution exists and grows. A queer sort of mind it is that tries to put out the blaze of "commercialized vice," while feeding the fire with low wages and other factors that defer marriage or prevent it altogether, and with the universal, damnable idea that extramarital sexual relations are "sinful" and degrading—particularly for women. The writer knows several "lost women" who are "lost" because of their self-condemnation, because their families, friends and society "found them out" and kicked them out, and because thru their youthful ignorance they became pregnant and had no chance to keep secret their "shame," having the "badge" of it with them or elsewhere, to be observed by the pure-minded and intolerant.

May the day come when boys and girls, yes, boys and girls, have the same knowledge of their sexual nature that they have of their digestive system and when sexual relations between the sexes will be governed and controlled by the individual and not left to the whim of fate. If man is anything he is an individual of intelligence and free will; how can he prove this if he allows himself to be the mere plaything of Nature, like a hog or a rabbit?

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE PROFESSIONAL SECRET IN SYPHILIS AND MARRIAGE.

BY L. STÉVENARD, M.D.

Barrister at the Court of Appeals, Paris.

PROF. LANDOUZY is of the opinion that no marriage is possible in the case of a syphilitic, but this appears to me too severe, at least from the viewpoint of contamination.

It can only be justified in considering the possibility for the syphilitic, in spite of the most careful treatment, to procreate a diseased family or to die himself from disease of the cord or brain. Undoubtedly tabes and general paralysis can develop in the most carefully treated case, and it must be admitted that a special idiosyncrasy exists in these patients for the nervous lesions to arise. But there is no reason to interdict marriage to those thus predisposed who, like their descendants, offer an easy prey to tabes and general paralysis.

It consequently appears more practical to consider, as does Fournier, that a syphilitic may be permitted to marry without danger to his wife and descendants, if he has fulfilled the following rules:

1.—To admit that a syphilitic is no longer contagious he must present no specific lesion:

2.—That the age of the disease shall be sufficiently advanced; *at the minimum* (Fournier insists on this word) the disease shall have been carefully treated for four years;

3.—That without any treatment, the patient shall not have presented any specific manifestation for at least two years;

4.—The preceding rules include an appropriate specific treatment and concern only cases of medium severity and do not include instances of malignant syphilis.

On the other hand, Prof. Pinard teaches that a syphilitic couple can procreate an intact family if, after having satisfied the conditions already enumerated, the father is treated for six months prior to the fecundation and the mother submits to a treatment during the entire duration of pregnancy.

However, Prof. Fournier, when once interrogated at a meeting of the *Société de prophylaxie sanitaire et morale*, as to whether or not he would marry his daughter to a syphilitic who had conformed to the preceding rigid rules, admitted that personally he would refuse.

Thus, one may understand the mental uneasiness of the physician who learns that a contagious patient is on the eve of contracting marriage. May he warn the future bride of the threatening danger? Should he warn the family of the innocent victim? Supposing that the physician has vainly endeavored to convince his patient that his act is criminal; if he points out to his patient that later on, when the wife has acquired the proof that a disease which endangers her life is the result of a deplorable union, she will divorce him and that neither pity nor scandal will prevent the patient from carrying out his end, it is upheld that the physician must remain dumb because the exigencies of duty must not give way to the infamy of another. (Hémar. *Secret médical, Annales d'hygiène*, 1869.)

If the physician is consulted regarding a marriage involving a syphilitic or if he learns that his patient, during the contagious state, is to soon marry, the physician should remain an absolute stranger to what is to transpire, by abstaining from giving any information or indication. The law requires this and "nobody is sufficiently sure of himself to place his conscience above the law."

In 1863 several medical societies of Paris admitted that the physician should not give any data relative to the health of his client in the case of marriage, while some others considered that in certain cases concerning marriage he had a right to speak and this theory was upheld by Legrand du Saulle, Tardieu Latour and Brochin, all eminent in medical jurisprudence. It is to be pointed out that Fournier has remarked that it is only exceptionally that the physician is consulted in these cases.

Syphilis is not always contracted by coitus and many ways of infection could be cited. (1) *Kissing*. Musitanus records the affair of several nuns at a convent in Sorrento who contracted syphilis from kissing an infant who was nursed by a syphilitic. (2) *From touch*. Bayer has put on record the history of the

disease which spread in 1727 in the little village of St. Euphémie, resulting from a chancre on the index finger of a midwife. Numerous other similar instances could be mentioned. (3) *Vaccination*; at Berlin the courts sentenced to two months in prison and 50 marks fine, a veterinary who had by vaccination, transmitted syphilis to nineteen persons. (4) *Tattooing*. In the United States, a tattooer by name Kelly, caused by this means a veritable local epidemic of the disease. It is common knowledge that syphilis can be transmitted by surgical instruments, cloths or toilet articles, bed linen, etc., and in 1872 Profeta published a very authentic case of a young man in whom the only agent of infection that could be found was the *acarus*. The primary sore was located in one of the interdigital spaces of the right hand.

Consequently, the physician when dealing with a married syphilitic should observe the greatest reserve. A diagnosis brutally given might result in most serious trouble between a couple in which syphilis had developed by one of the indirect ways mentioned above. But even if the fidelity of one or the other may be suspected, the greatest circumspection is to be maintained.

But to the question: Are you married? Some persons living in a situation which might merit as much care as a legal union, have to reply naively: No! Now in respect to them, their duties must be fulfilled, although difficult to conciliate. 1) Endeavor to prevent contamination of the conjoint if there is yet time. 2) Do nothing or say nothing which might disturb a union, be it even an illegal one. In this case the obligation of the secret and professional duty are together in play.

A syphilitic of either sex having declared that he or she is married, it is frequently useful to examine the conjoint in order to ascertain his or her condition and here the tact of the physician is paramount in order to attain his end without setting up any suspicion in the mind of the other spouse, and at the same time this client, who has the right to exact the most absolute secrecy of his disease, can not remain in ignorance of its nature or gravity.

In the case of the husband the affair is quite simple, because it is usually he who introduces syphilis into the household. Questions carefully put will give data as to conjugal fidelity. If he admits that he performs sacrifices on altars other than that of marriage, the physician should not hesitate to reveal the nature of the disease to him and to warn him, if it is not too late, to take the necessary measure to prevent contamination of the wife.

The situation is more delicate if the husband affirms that he

has never indulged in extraconjugal coitus. Nevertheless, he reveals an indurated chancre on the penis and contamination by the genital tract can not be doubted. Then, having given his diagnosis to his client, the physician should attenuate the gravity as far as possible, not simply because he remembers that "altho he is often powerless to cure he can at least console," but also because, perhaps, the innocent spouse has contracted the disease by an extragenital injection, for example, by taking care of a young syphilitic infant.

On the other hand, if the wife is guilty the physician should adroitly permit the infected husband to remain unaware of the conduct of his wife. The following anecdote shows how the older members of the profession solved the difficulty under similar circumstances.

The illustrious Boyer was one day consulted by a client upon whom a year previously he had performed double orchidectomy. The patient, who was married, came with his wife who was six months pregnant to ask if he could consider himself the father of the child soon to be born. The supplicating attitude of the wife implored pity and Boyer, in this instance master of the happiness of the household, replied with as much wit as prudence: "Yes, sir, that can happen once;" then turning to the guilty wife he added: "But it can not happen a second time."

The reserve we advise is all the more legitimate since not as yet having seen the wife, the physician does not know how she contracted syphilis and if she confides her examination to him the secret becomes obligatory.

Now, let us take the case in which the wife comes to consult. There is no difficulty if she admits having had a gallant adventure because all that is necessary is to warn her of the danger to which she exposes others if she is still in the contagious stage. But on the one hand, if a pure wife presents a specific sore on the genitalia the physician can not allow his client to remain ignorant of the fact that she is afflicted with a disease demanding prompt and long treatment, while on the other, it is to be feared that she will separate from her husband as soon as she learns that he has given her syphilis.

In order to avoid this unfortunate outcome, it is well to recall to the wife that syphilis may be contracted in a most innocent way, or yet there may be a means to invite the husband to himself inform his wife of his condition. Only let us not forget that it is less important to remedy a compromised union than to treat a woman who requires medical care; it is urgent to

enlighten her without delay and if the help of the husband is impossible, hesitation is not to be permitted.

The physician should not wait to reveal to his client, with all necessary precaution, the dangerous situation in which she is placed. Under pretext of keeping peace in a household, to treat a married woman without informing her that she has syphilis would be a grave mistake. She for some reasons may, after a more or less prolonged treatment, be obliged to give up her physician and if ignorant of the nature of her disease she will do nothing to avoid tertiary accidents or parasyphilitic complications.

When a new physician has gone back to the source of the accidents for which the patient will come to consult him, it may be too late and an incompletely treated lues will count another victim on its already long list. Under all circumstances, it should be noted that a physician who considers useful the participation of his client's conjugal mate in the results of his examination, can not bring this about without the enlightened consent of the patient.

Now, things may turn badly. One of the couple considers that he or she had a right to divorce, basing the action on the syphilitic contamination from the conjoint. Under these circumstances, whether the husband or the wife is the patient, or even both, the physician should refuse to deliver any certificate setting forth the diagnosis in the case of either conjoint or both.

When physician to both husband and wife, and presuming that one has infected the other, he can not reveal the facts of the situation to one without betraying the secret of the other. When the husband alone has been the patient the physician should refuse to deliver a certificate on the ground that it is useless. To give one would not be an infraction of the law, but this kind of certificate might very well involve the dignity of the physician who gave it. The same rule applies in the case of the wife.

EXTRAGENITAL CHANCRES.

WHEN a man is unfortunate enough to contract a chancre on his genitals he at once consults a doctor. He knows that there is something wrong with him, and he generally suspects what the trouble is. But when a man gets a sore on some other part of the body, he is apt to neglect it, not suspecting its true nature.

And when he does consult a physician, the latter not infrequently fails to recognize the true nature of the disease, and treats the sore with mild applications of zinc ointment, carbolic ointment, peroxide of hydrogen etc. And the disease in the meantime progresses. This certainly should not be so, for extragenital chancres are not such a rarity. Every specialist sees plenty of such cases in his practice. Within a comparatively short time Dr. H. R. Gaskill of Philadelphia has observed eleven such cases which he reports in the N. Y. Med. Journal (Oct. 23, 1915). The cases are as follows:

CASE I. Male, white, aged nineteen years, presented himself at the skin dispensary of the Jefferson Medical College Hospital, for falling of the hair. The hair had been falling out for several weeks in small areas and bore a close resemblance to fur which has been moth eaten. There were no large areas of alopecia, simply a thinning in spots. In spite of the patient's assertion that he had no eruption on the body, he was carefully examined and a very fine fading macular eruption was discovered on the trunk, anterior and posterior; also to a very slight degree on the forearms and legs. No sore throat or bone pains. Though there was no chancre discernible, yet, a very careful examination was made for scars, and while this is not unusual in the late secondary stage of the disease, our curiosity was aroused. The patient, after thorough questioning, finally confessed that about three months previously one of his companions had had connection in his rectum. That there were five or six young men who resorted to this practice at the same time, and one at least had had a chancre on the penis, as the practice was quite freely indulged in. He recalled that it had been extremely painful for him to have a bowel movement for a period of three or four weeks, but that there was no pain or tenderness at the present time. This lad was not an invert, as practices of this kind were with him the exception rather than the rule. His moral tone obviously was low, but he had sufficient sense of shame to deny for a long time that he had resorted to such a practice. Normal sexual intercourse was frequently indulged in. Wassermann was 4 plus and he was kept under observation for many months and finally discharged as cured.

CASE II. Male, white, aged fifteen years, came to the dispensary with a generalized eruption, large, flat, papular in character, which was unquestionably syphilitic in nature. Careful questioning failed to bring forth any history of an initial lesion.

The boy denied sexual intercourse, but on careful examination by the use of the speculum, a sore was found well up in the rectum. Upon being confronted with this fact, he acknowledged that he and another boy had been in the habit of resorting to this means of intercourse for the last year and that recently he had practised sodomy with an older boy. The father was sent for and from him was obtained the history of the boy having been incorrigible and of having been committed to a reformatory where he had been confined for over a year and where he had undoubtedly acquired this habit. That same day the boy disappeared and while six months have elapsed, he has never been seen by any member of his family.

CASE III. Male, white, aged twenty-three years, came to the hospital with a well marked macular syphilitic eruption. There was a general adenopathy, considerable sore throat, frontal headache, etc. There was no sign of chancre on the penis, but on account of the character of the man, a careful examination of the throat was made, but there were no suspicious lesions there. For fear that he might evade the question, he was asked directly *when* a man had had connection with his rectum. He seemed thoroughly surprised at the detective ability and confessed that the last time was within less than two weeks. With this patient, sodomy had been a regular practice for the last two years and always with the same man and for commercial reasons only. An elderly roué paid him a definite sum every two weeks. The man was so chagrined at his practices having been discovered, that he frankly said he did not have the courage to face us again and would not return, and in spite of the fact that the seriousness of the disease was fully explained to him, kept his word.

This patient was of an intelligent type, had lived a normal sexual life, and sodomy was to him disgusting, but the money appealed to him and he fell more for the need of it than from any other reason. He will not try to obtain relief, and in years to come may become a burden either to his family or some institution.

CASE IV. Male, white, aged twenty-one years, came to the Jefferson Hospital for a sore about the size of a silver three cent piece on his thumb, which would not heal, and which had been present for three or four weeks. There was no pain other than the very slight one that came from bending his thumb. The lesion was on the first joint of the thumb of the right hand markedly

indurated; edges were undermined and surrounded by an inflammatory zone. There was considerable discharge and glazing. The epitrochlear and axillary glands on the same side were enlarged to a considerable degree. The mode of infection was not difficult to obtain in this case, as the history was clear and was as follows: The patient and another young man were in an open motor boat in one of the back bays along the New Jersey coast. They met two girls of loose moral character and took them into the boat. Both men were extremely free with the girls and made digital explorations. This was followed by a violent papulo-pustular eruption of such intensity that the tertiary stage followed swiftly on the second so that they were practically synchronous, requiring heroic treatment which was faithfully carried out for two years.

CASE V. Male, white, clerk, aged twenty-two years; when this patient came to the dispensary he had on the upper lip to the left of the median line, a hard indurated lesion almost the size of a large pea, surrounded by a mildly inflammatory zone and partly covered with fine scaling and considerably elevated above the level of the skin. This lesion had been present about ten days and was thought to be a fever blister. In less than two weeks, there was considerable ulceration and a "board-like rigidity" at the angle of the jaw on the same side. The patient was carefully questioned regarding the history, but had no recollection of anything that occurred within a reasonable time, from which he could have contracted this chancre. Kissing in a promiscuous way was acknowledged, but no perverted habits. He was employed in a broker's office and he was not aware of any of the men, with whom he associated and with whom he used the same towels, or drinking cup, having any lesion in the mouth. The generalized eruption appeared four weeks after the chancre was first noticed.

CASE VI. Male, white, aged forty-two years, laborer, about three weeks prior to the time he was first seen noticed a small spot on the lower lip and upon examination there was found a little to the right of the median line, a hard papule with irregular edges, slightly elevated, and with marked induration surrounding it and covered with a distinct glazing. The glands were involved on both sides, but those of the right submaxillary more than the left and later the typical boardlike rigidity at the angle of the jaw was very prominent. Antisyphilitic treatment was immediately employed, but was maintained only a short time as the patient did not return.

CASE VII. White, female, aged eighteen years, worked in a mill and was referred from the gynecological department for a lesion on the inner side of the right leg, half way between the knee and the groin, and about the size of a twenty-five cent piece, markedly indurated, edges undermined, surrounded by a dusky areola. In spite of her protestations that no generalized eruption existed, a fine macular exanthem was discovered over the chest. The patient said that she had had this sore about five or six weeks. No attempt was made to go into the history, as the situation was the only unusual part of it and the diagnosis not open to question.

CASE VIII. White, aged thirty-eight years, a so-called "practical nurse," came to Jefferson Hospital for a sore on the distal end of the index finger of the right hand, which she said she had noticed for the past four weeks. There was considerable induration, but no ulceration; the lesion was of a dusky blue red color, with the glands on that side of the body enlarged. Examination of the body was made, but at that time no eruption was discovered. She was kept under close observation, diagnosis being withheld. At the expiration of one week, the lesion showed considerable ulceration, the induration was more marked as was the adenopathy, and at the expiration of another week, a generalized papular eruption appeared. She gave the history of having attended a woman in confinement and having been instructed by the physician in charge of the case to push the afterbirth together to see if it was all there, and naturally used her index finger of her right hand. She was asked if she noticed anything unusual about this placenta. She said "Yes, it was filled with little gray islands." The physician in charge of this case evidently suspected syphilis because of these "islands," for if they were so evident that an untrained nurse would observe them, the physician must certainly have detected them. Not being willing to subject himself to the risk of contracting syphilis, he ordered this innocent woman to do what he would not do himself and without instructing her to take precautions. The patient was soon lost sight of.

CASE IX. Female, white, aged eighteen years, came to the hospital for a small sore which was on the inner side of the lower lip fully half an inch below the vermillion border. She had noticed this for about two weeks, thinking it was a "canker sore." There was considerable induration and beginning ulceration. This sore was watched very carefully and, within a few weeks, there was a generalized eruption and a moderate degree of adenopathy. The usual boardlike rigidity found in the angle of the jaw in these

cases of chancre of the lip, was entirely absent, though the submaxillary glands were slightly enlarged. The patient was extremely reticent in replying to questions regarding herself or the mode of infection, but there is every reason to think that this was not a case of syphilis insontium, for after the appearance of the secondary rash, the nature of the disease was explained to her and she did not return.

CASE X. White, female, aged forty years, at the inner canthus of the right eye had a hard papule, about the size of a small pea, which the patient had noticed about two or three weeks. There was considerable induration, and at the central portion of the lesion was a very slight degree of ulceration. This lesion was kept under close observation and soon began to ulcerate. The induration was much more marked and the eye partly closed. The secondary rash was papulovesicular in character and the disease was typical in every way. She was a hard working woman and could give no information as to the source of infection. She had a large family and not only looked after the house, but took in washing. This is one of the cases in which there is no doubt of its being syphilis insontium, but like the majority of the dispensary patients as soon as the secondary rash disappeared, the patient discontinued treatment.

CASE XI. Female, white, aged thirty-five years, had a lesion on the inner surface of the right wrist, which she said had been present for about five weeks and had started from a burn which occurred prior to that time. She was frying crullers and some of the fat flew out of the pan and burned her on the wrist. This was the only history that she gave and it was impossible to obtain information as to any mode of infection. This burn had partly healed and then had, as she suggested, "broken out again." At the time of examination, the lesion was about the size of a ten-cent piece, markedly indurated, with inverted undermined edges, and covered with a brownish yellow exudate. There was considerable adenopathy on that one side, but no generalized eruption. The patient was not seen after the first visit, but the eruption was sufficiently distinctive to make the diagnosis positive.

In the sensual life, imponderabilia play a leading part, and many an effort towards improvement, many a reform, has been shattered against them, simply because the would be reformer has overlooked the finer threads which connect the human soul with the institutions and customs of the material world.—WILLY HELLPACH.

A REMARKABLE LETTER BY BENJAMIN FRANKLIN ON ILLICIT SEX RELATIONS.

An authentic letter (by Benjamin Franklin, born Jan. 17, 1706; died Apr. 17, 1790), found in the Franklin Institute Collection of letters, purchased by the United States Government at a cost of \$30,000, now in possession of the Department of State at Washington, D. C.

June 25, 1766.

My dear Friend:—

I know of no medicine fit to diminish the violent inclinations you mention, and if I did, I think I could not communicate it to you. Marriage is the proper remedy. It is the most natural state of man and therefore the state in which you are most likely to find real happiness. Your reasons against entering into it at present are not well founded. The circumstantial advantages you have in postponing it are not only uncertain but they are small in comparison with the thing itself, namely: The being married and settled. It is the man and the woman united that make the complete human being. Separate she wants his force of body and strength of reason; he, her softness, sensibility and acute discernment. Together they are more likely to succeed in the world. A single man has not nearly the value he would have in that state of union. He is an incomplete animal; he resembles the odd half of a pair of scissors. If you get a prudent healthy wife, your industry in your profession with her good economy will be fortune sufficient.

But if you will not take this counsel and persist in thinking a commerce with the fair sex inevitable, then I repeat my former advice,—in all your amours you should prefer old women to young ones. You call this a paradox and demand my reasons. They are these:—

Because they have more knowledge of the world, their minds are better stored with conversation, their conversation is more improved and more lastingly agreeable.

Because when women cease to be handsome they study to be good. To maintain their influence over man they supply the diminution of beauty by an augmentation of utility. They learn to do a thousand services, small and great and are the most tender and careful of all friends when one is sick. Thus they continue amiable and hence there is hardly such a thing to be found as an old woman who is not a good woman.

Because there is no hazard of children, which irregularly produced may be attended with much inconvenience.

Because thru' more experience they are more prudent and discreet in conducting an intrigue to prevent suspicion. The commerce with them is therefore safe with regard to your reputation and with regard to this, that if the affair should happen to be known considerate people might be inclined to excuse an old woman who would kindly take care of a young man, from his manners, by her good counsels and prevent his ruining his health and fortune among mercenary prostitutes.

Because in every animal that walks upright the deficiency of the fluid that fills the muscles appears but in the highest part. The face first grows lank and wrinkled, then the neck, then the breast and arms, the lower parts continuing to the last as plump as ever, so that, covering all above with a basket, and regarding that only which is below the girdle, it is impossible to know of two women an old from a younger. And as in the dark all cats are gray, the pleasure of corporeal enjoyment with an old woman is at least equal and frequently superior, every knack being by practice capable of improvement.

Because the sin is less. The debauching of a virgin may be her ruin and make her life unhappy.

Because the compunction is less. The having made a young girl miserable may give you frequent bitter reflections, none of which can attend the making of an old woman happy. And lastly, they are so happy and grateful. This much for my paradox.

But still I advise you to marry directly.

Your affectionate friend,

BENJ. FRANKLIN.

THE EFFECTS OF MASTURBATION—A GENUINE HUMAN DOCUMENT.

Dr. William J. Robinson, New York City.

Dear Doctor:—I have just had the great pleasure of reading your article "Masturbation in Children" and the sane, well balanced view of the matter which you take and advocate prompts this letter.

I am thirty-four years of age, married, holding a responsible position in the service of a large and discriminating corporation, at a salary of \$5,000 per annum. I was accepted by the Equitable Life Assurance Society for insurance two years ago, four years ago by the Meridian Life of Indianapolis. Prior to acceptance in both instances rigid examinations were made. I am in perfect

health save as to some slight trouble with piles, mingle in good society and have the respect and confidence of my fellows. Am an Elk and a member of various clubs. I recite these facts that you may conclude as to whether idiocy, partial or complete has been my portion.

At about thirteen years of age, as nearly as I can remember, I first masturbated, being taught the practice by a boyhood friend. In fact, all of us kids in the neighborhood, or nearly all, indulged in this practice, and we thought nothing of it. In swimming in the river we used frequently to handle each other under the water where bystanders could not see, and I have been myself masturbated and performed it on other boys in this manner a great deal in those days. Later, as a boy will, I heard dreadful stories of the results that would come. As they did not come I kept it up. It is my recollection that during those days I masturbated sometime during the day every day. As the years rolled on, and I reached something like sixteen, a school teacher taught me or rather gave me, my first experience in actual intercourse. She was my sole associate in intercourse for a year or two, and then came others. She warned me of disease and the others, and though she never knew I masturbated, and I did not during the time we were together daily after school, when she left the city I continued the practice, fear of disease inspiring it as much perhaps as anything else. Then, of course, I grew bold, and had the usual experiences of a young man—promiscuous intercourse. Contracted gonorrhea, was cured after a painful and embarrassing treatment—and returned to the old and safe practice of masturbation. I then went to South America for a few years, and the brown women of that country not appealing to me, I masturbated during that period, probably not less than six or seven times a week. A sweetheart, upon my return to the U. S., of whom I was too fond to take advantage as to intercourse, and who was herself in deadly fear of the pain of it, grew into the habit of masturbating me, and I her—and for some years this went on. We never had sexual relations with each other.

I had gone to school and graduated; upon my return I entered college, and graduated there with high honors. All the time I had been a more or less constant masturbator, and during college years used to put myself to sleep this way, finding that when due to excitement or other cause I was sleepless, masturbation would induce sleep and rest. I again became promiscuous in intercourse,

and again contracted gonorrhea. Cured, I resolved "Safety First"—and until my marriage, mechanical massage was my intercourse. Unfortunately I married a girl who was not, if the expression is a proper one, strongly sexed—she was, in other words, indifferent to the sexual relation, except at long intervals. I therefore continued, when the instinct prompted, after marriage, masturbation. I have, in fact, continued it until the present, though at longer and longer intervals—now rarely more often than twice or thrice a week—depending upon responses of my wife to the sexual instinct.

I am splendidly muscled, an athlete as to tennis, golf and hunting; perfectly normal in health—have always been a man's man—not a "Sissie" or an effeminate boy. It seems, in my case, that masturbation, and I don't believe anyone ever indulged in it more consistently, has not been injurious. Of course it is true that in later years I may pay a price—probably will, but at 34 I feel like a million dollars!

The foregoing for your information, Doctor—the statement is an absolutely truthful one. My boyhood chum, in company with whom I have masturbated hundreds and hundreds of times during our boyhood days, is now the Vice-President and Cashier of one of the largest banks in the Southwest, a magnificent man, mentally and physically. Others of those days, who then had the habit but of whose lives I know no intimate details in recent years, have made successes in various lines of endeavor.

Your idea that the inherent defective would fall from this habit is the correct one—the naturally strong and able body will not—this I believe. I also believe that it would be much better if boys could be taught to look out for disease and get their sexual satisfaction in a natural way—but with disease as rampant as it is, I believe that it is a safer proposition for a lad to masturbate than to indulge in promiscuous intercourse. Of the two dangers—disease versus mental decay—I think the former is the most to be feared, and the latter not at all a certain result of masturbation.

I salute you, Sir—and remain,

M. C. E.

[We ask our readers to send us similar personal letters, describing their vita sexualis, and the results if any of various habits and perversions. It is time that hearsay, rumors and groundless fears give place to personal experiences.—Editor.]

MORALS BY POISON

Is there no limit to the stupidity and audacity of the virtuous? It is almost universally the custom that wherever our boys are herded together, as at encampments and especially in preparatory schools, to drug the food with potash salts or other libido depressing drugs in order to keep them quiet. Whether this is partly to blame for the notable inferiority of prep school boys at college one cannot say. But at a time when the secretion of the testicular hormones is most important it seems odd to dope these youths over a period of years with these depressing drugs. Especially is this true when we couple with it the further drain of long hours of enforced study. No distinctions are made, all receive the same dose regardless of their development. The fact that some teachers share the dope proves nothing as to its harmlessness to the adolescent. But even were there no injury to health, if our morality can be sustained only by poisoning our young men, for God's sake, let's go back to barbarism!

PERSONAL LIBERTY AND INFECTIOUS DISEASES.

The right to restrict the social activities of persons suffering from, or exposed to, certain infectious diseases is today everywhere admitted. Possibly in future additional restraints will be imposed by the community on its infected members—though not necessarily without recompense to individuals—as the importance of checking certain infections becomes more widely recognized. The havoc wrought by Typhoid Mary is not unlike the damage done by a mad dervish running amuck with a naked knife in his hand. Why should the community expose itself to such exploits on the plea of maintaining personal liberty? There is no principle of personal right in such cases that must be maintained at all hazards. The question of expediency in each case must be the deciding factor. It is the right of the community to determine how far, at the moment, it is desirable to protect itself from hygienic evils. Restrictions on the carriers of disease germs, [which of course include the gonococcus and spirocheta. Ed.] on the employers of labor, and on the drinkers of alcohol, are in themselves perfectly proper and to be judged on the basis of community welfare, not merely on the basis of individual pleasure, profit or convenience.—E. O. Jordan, Commemoration Volume, 1915.

BOOK NOTICES.

Cerebro-Spinal Fever—Thomas J. Horder, M. D., Asst. Physician St. Bartholomew's Hospital, London—Oxford University Press, 35 West 32nd Street, New York.

The concentration of troops at the various centers was accompanied in England by a widespread epidemic of cerebro-spinal fever and the average practitioner who hardly ever saw a case of the disease was ill prepared to meet the emergency.

This monograph gives in condensed but clear form all that is at present definitely known on the subject of this disease.

Practical Prescribing & Treatment in the Diseases of Infants & Children—D. M. MacDonald, M. D.—Oxford University Press, 35 West 32nd Street, New York.

A very useful booklet containing numerous valuable hints and formulas.

Only some eighteen months ago millions of people, the reviewer among them, lived in a Fool's Paradise, thought that a real great war was an impossibility and an absurdity and that war surgery was therefore an unnecessary art. The events of the past year and a half have proved the contrary and books on gunshot injuries and wounds, on tetanus, gangrene, etc., are more in demand than ever before in the world's history.

The Oxford University Press, American office, 35 W. 32nd Street, New York, have gotten out a number of useful and valuable booklets under the name of "Oxford War Primers." Their titles are as follows:

Wounds in War, Their Treatment and Results. By D'Arcy Power, M. B., Oxon., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital	1.00
Nerve Injuries and Shock. By Wilfred Harris, M. D., Physician to St. Mary's Hospital, London	1.25
Abdominal Injuries. By Rutherford Morison, Professor of Surgery, Durham University and W. G. Richardson, M. B., Surgeon Royal Victoria Infirmary, Newcastle-upon-Tyne	1.00
Surgery of the Head. By L. Bathe Rawling, M. B., Surgeon St. Bartholomew's Hospital	1.25
Gunshot Injuries of Bones. By Ernest W. Hey Groves, M. D., Surgeon to the Bristol General Hospital	1.25
Injuries of Joints. By Robert Jones, Ch. M., Director of Military Orthopaedic Hospital, Liverpool	1.25
Medical Hints for the Use of Medical Officers Temporarily Employed with Troops. By J. Edward Squire, M. D., Consulting Surgeon Mt. Vernon Hospital for Diseases of the Chest	1.00
The Stretcher Bearer. By Georges M. Dupuy, M. D., Stretcher Bearer Ambulance Section of C (Norwood) Co. Lambeth Battalion, V. T. C.	1.00
Wounds of the Thorax in War. By J. Keogh Murphy, M. D., Surgeon to the Miller General Hospital for S. E. London	1.00

We have no doubt that these primers will prove of great value to those who are, or intend to be, on the battlefield.

The Practitioner's Encyclopaedia of Medical Treatment, Part I: Methods of Treatment. Part II: Agents in Treatment. Edited by W. Langdon Brown, M. D., F. R. C. P., Assistant Physician to St. Bartholomew's Hospital and Physician to the Metropolitan Hospital and J. Keogh Murphy, M. C., F. R. C. S. Surgeon to the Miller General Hospital for South-East London and to Paddington Green Children's Hospital With an Introduction by Sir Thomas Clifford Allbutt K. C. B., F. R. S. Oxford University Press, 35 W. 32nd Street, New York, 1915. \$8.00.

This splendid volume of nearly nine hundred pages can be cheerfully recommended to every practitioner. The treatment, while concise, is thorough and up to date. For purposes of reference it will be found invaluable.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

FEBRUARY, 1916.

No. 2.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

VENEREAL PROPHYLAXIS IN A NUTSHELL —A POPULAR LECTURE

BY WILLIAM J. ROBINSON, M.D., New York.

THE venereal or sexual diseases, so called because usually, though not always, contracted during sexual intercourse, are three in number: Gonorrhea, syphilis and chancroid. Gonorrhea is the most common, most frequent of the three, syphilis the most terrible. In comparison with the other two, chancroid is not of much importance. Gonorrhea and syphilis are among humanity's greatest scourges. Humanity would have a different aspect, there would be much less ill-health, much less deformity, much less blindness, much less insanity, and in general much less unhappiness if these two diseases had never existed, and I confidently hope, in fact I am sure that the time will come when they will cease to plague humanity and will completely disappear from the face of the earth.

The venereal diseases are terrible as they are, without any exaggerations. But it seems that some people cannot speak of an evil without picturing it in too lurid colors. In the perfectly laudable and commendable desire to save the young men of the nation from the venereal peril, they make statements which must be characterized as wild exaggerations. For instance, you will hear it said that 80 or 90 per cent of all young men become infected with gonorrhea; that 25 or 50 percent suffer from syphilis; that *all* prostitutes or loose women suffer with gonorrhea or syphilis or both. You will further hear or read that gonorrhea is an incurable disease; once a gonorrhea, always a gonorrhea. And you are sure to come across the statement that 60 per cent of all married women have gonorrhea and that anywhere from 60 to 90 per cent of all operations on women are due to gonorrhea contracted from the husband. None of the above statements is true: they are all wild and silly exaggerations. Only about 20 or 25 per cent of men contract gonorrhea, only from 2 to 5 per cent suf-

fer with syphilis, many thousands of prostitutes or loose women go through life without contracting a venereal disease, gonorrhea can be perfectly cured, and if treated properly from the very start, cured in a very short time, and only a very small percentage of married women (probably not more than 2 or 3 percent) contract venereal disease from their husbands.

But granting all this, venereal disease is a sufficiently terrible calamity to make it incumbent upon you to do everything in your power to escape it. If you contract gonorrhea or syphilis, it will make little difference to you whether fifty per cent of all men have the disease or only five percent. You will be wretched and miserable, your entire future may be ruined, and you may have to curse the day you were born. You must do everything possible to escape a venereal disease: no sacrifice is too great for that. As most cases of venereal disease are contracted during sexual intercourse, the principal prevention or prophylaxis consists in not having intercourse with any woman whom you do not *know* to be free from disease without the use of a prophylactic. Merely hoping or guessing that she is free will not do: you run a chance, and it is too late to regret after you have caught the disease.

If you are not absolutely sure that the women you have relations with are absolutely free from venereal disease, then you *must* use a venereal prophylactic. That venereal prophylactics, properly and carefully used, do prevent the contracting of venereal disease, there is now no question. They have been introduced in many armies and navies and have greatly diminished the percentage of venereal disease. And it would be a good thing if *every young man* were, as a part of his course in sex hygiene, *instructed in the proper use of venereal prophylactics*. As I recognize that it is impossible for some young men to keep away from sexual relations until marriage, which now often takes place at the age of 28, 30 or 35, and as I do not consider gonorrhea or syphilis a deserved punishment for illicit intercourse, it stands to reason that I consider the use of venereal prophylactics perfectly *proper* and perfectly *moral*. It is the non-use of venereal prophylactics, the risk run of contracting an awful disease with the possibility of transmitting it to the future wife and children that is immoral. Of course, if you can easily abstain from any illicit sex relations, so much the better, but if you cannot, use a prophylactic.

CLEANLINESS.—The first principle of prophylaxis is personal cleanliness of the genitals. A person who seldom washes the glans penis and allows smegma to accumulate beneath his foreskin invites infection. The foreskin should be drawn back daily and it and the glans washed carefully with soap and water and dried. If there is a tendency to abrasions, washings with alcohol (1 part alcohol and 3 parts water) or with a 5 per cent solution of alum should be resorted to. Of course no suspicious sexual relations should be had when there is *the slightest abrasion* on any part of the penis, and should the tendency to abrasions, or cracks, or pimples persist, treatment should be instituted and continued until the condition has been completely cured.

CIRCUMCISION.—Circumcision is an important prophylactic measure, and the circumcised have a great advantage over the non-circumcised in respect to venereal infection. While the importance of circumcision is more striking in avoiding chancre and chancroids, still it also plays a role in avoiding gonorrhea.

URINATION.—A simple but in many cases efficient prophylactic measure is urination immediately after coitus. Many men use no other prophylactic and they seem to be safe. The stream of urine mechanically washes away the infective material; and besides, the urine, being of acid reaction, acidifies the urethral secretion, and this is antagonistic to the development of the gonococcus. The man should have plenty of urine in his bladder (he should drink plenty of water, and not urinate before coitus), and urinate immediately. The proper way is to start urinating, then to compress the meatus, and then suddenly let go. This dilates the urethra, and the stream coming out with more force washes out the canal more effectively.

THE CONDOM.—The oldest, simplest and at the same time safest protective against gonorrhea is the condom. The invention of this mechanical covering is attributed to a Dr. Condom, who may well be considered one of the benefactors of the human race. It has, no doubt, since its introduction protected *millions* of people from infection. Prof. Blaschko of Berlin has stated publicly that Dr. Condom deserves a monument, as without his little invention all *civilized* races would probably by this time be completely *syphilized*. The condom (also called French letter, protector, skin, capote anglais) is made principally of two materials; rubber and the gut (cecum) of sheep. Each material has its advantages and disadvantages. The rubber is supple and elastic, fits

better and does not easily slip off. But being a vegetable material it forms a barrier, and diminishes to a great extent the voluptuousness of the act. In some men it interferes with erection and ejaculation. And some men detest them so that they would rather forego all sexual relations than to use one. The "skin" condoms do not affect the act so much, but are not elastic, and must be moistened before use. Of course only the best quality of condom should be purchased, and one should make sure that the condom is perfect, by blowing it up or filling up with water before use. For the benefit of people in moderate circumstances it may be stated that condoms of good quality may be used more than once, but of course they must be cleansed and disinfected after each use. Wash well in running water and then let it soak in a solution of mercuric chloride 1:1,000 for an hour or two, wipe and dry and put away wrapped up in gauze.

CONDOM NO ABSOLUTE PROTECTION FOR SYPHILIS. While a good condom is an absolute protection against gonorrhea, it is not an absolute protection against syphilis. I have had in my practice several cases of syphilis contracted by patients who used condoms. Not to mention the possibility of infection from mucous patches on the lips, which is self-evident, infection may take place either at the root of the penis or on the scrotum.

CHEMICAL ANTISEPTICS.—One of the simplest and cleanest is a solution of mercuric chloride (corrosive sublimate) 1 to 5,000. Many men carry a small vial of this solution with them, and with a piece of cotton wash thoroly the glans and squeeze a few drops into the open meatus. Some have told me that they had been using it for years without ever any accident. It is clean, cheap and does not stain the clothes. Some people, however, are sensitive to mercuric chloride and the solution causes some irritation on the glans or in the urethra.

Others use a solution of potassium permanganate (1 to 5,000) by injection. This method is effective as a prophylactic, but I am not in favor of it. By injection the infecting material may be carried further backward, injections are irritating and may cause damage, and besides potassium permanganate stains the clothes and linen.

Protargol and argyrol have been used extensively and effectively as venereal prophylactics. A few drops of a 5 or 10 per cent solution of protargol or 20 per cent solution of argyrol are instilled into the urethra and held there for several minutes.

VENEREAL PROPHYLAXIS IN A NUTSHELL 53

Silver nitrate is efficient, but is too irritating and I am opposed to its use.

In the last few years, following Metchnikoff's experiments, calomel in ointment form has been used a great deal as a prophylactic against syphilis. It has been found, however, that the calomel ointment also acts as a preventive against gonorrhea and some advise the use of it as a general venereal prophylactic. The glans and propuce are well rubbed in with the calomel ointment to prevent the development of syphilis and chancroids, and some of it is injected into the urethra and this prevents the development of gonorrhea. The preparation used, for instance, on the U. S. SS. Rainbow has the following formula:

Calomel	50 gm.
Liquid petrolatum	80 c.c.
Adeps lanae	70 gm.

This being a semi-liquid preparation, it can be injected with an ordinary urethral syringe. During a period of six months there were 529 admitted exposures, with the development of only four cases of gonorrhea. Of these four one denied exposure and therefore did not receive the treatment, two received it late, more than twelve hours after exposure, so that out of the 529 there is really only one failure, which, considering the character of the women with whom the sailors consort, is an excellent record.

To avoid the inconvenience of having to prepare solutions, of carrying about a bottle and syringe, a number of prophylactics have been put on the market, which have the advantage of small compass, cleanliness, and readiness for use. Every country has its own preparations—in Germany there are dozens of them. There are several in this country.* Their employment is very simple, and as full instructions for use accompany these preparations, there is no need of giving them here.

NEGATIVE MEASURES.—The above are the positive measures for the prevention of gonorrhea. But he who wishes to avoid the venereal diseases must also listen to some negative advice. Besides several things to do, there are also several things not to do. The most important of all Don'ts is: Don't drink any alcohol, in any shape or form. Alcohol is a great ally of disease. It has a doubly pernicious effect. It weakens the reasoning power, making the man less careful in the selection of his partner, paralyzes

* The best known and most reliable are the Sanitubes.

the will, and thus causes the man to lose all prudence, making him tarry at the act or repeat it too many times, and prevents him often—by putting him into a deep sleeping lasting several hours—from employing any antiseptic measures. But besides this, alcohol by producing a congestion in the urethral canal makes it more vulnerable and more receptive to germs. If no alcoholic beverages were indulged in, there would be not only much less sexual indulgence, but also very much less venereal disease.

Another Don't is not to tarry too long in the act, not to attempt to prolong it unnecessarily, and not to repeat the act unless an antiseptic douche has been taken by the woman.

As is seen, there is no royal road, no short cut, to venereal prophylaxis. Pronouncing a prayer or a shibboleth will not do it. Some care must always be exercised, some trouble cannot be avoided. But this is a small price to pay for freedom from venereal disease.

TO SUMMARIZE.—In order to avoid venereal infection the genital organs must be kept in a clean, healthy condition. A condom of the best quality is up to the present day the surest and simplest prophylactic. As, however, it interferes with the voluptuousness or pleasure of the act, some men not being able to obtain an erection or ejaculation, other measures become necessary. They are: immediate urination after coitus, and instilling into the urethra a solution or a mixture of protargol or argyrol or a soft ointment of calomel. The Sanitubes are trustworthy and can be recommended. As a protection against syphilis the glans and prepuce should also be well rubbed in with a strong calomel ointment. The woman should always take a douche of bichloride of mercury, lysol or chinosol before coitus. Alcohol in any form is injurious and should not be indulged in before coitus, nor should the act be unduly prolonged.

EXTRA-VENEREAL PROPHYLAXIS.—But as venereal disease, particularly syphilis, may also be contracted outside of the sexual act, a few other hygienic rules should be observed.

Do not ever, if you can avoid it, use a public toilet. If you are forced to use it, protect yourself by putting some paper over the seat.

Do not use a public drinking cup. If you have to use one, keep your lips away from the rim. One can learn to drink without touching the rim of the glass or cup with the lips.

Do not under any circumstances use a public towel. The

roller towel is a menace to health and should be forbidden in every part of the country.

If you have to sleep in a hotel or in a strange bed, make sure that the linen is clean and fresh. Never sleep on bed linen which has been used by a stranger.

Avoid the barber. Shave your own beard. But if you do use a barber, make sure that his hands are clean, and that he sterilizes his razor. Always have your own brush. Never use a public brush or comb. Be sure that your dentist is a careful, up-to-date man and sterilizes his instruments carefully. Many a case of syphilis has been transmitted by a dentist's instrument. A syphilitic who goes to a dentist to be treated generally conceals his disease, and if the dentist is not in the habit of sterilizing his instruments after each patient, disaster may result.

Be sure that your manicurist is not syphilitic or at least that her hands are healthy, clean and free from any eruption.

And last but not least, do not indulge in promiscuous kissing. This is a real peril and there are thousands of cases of syphilis that are known to have been contracted directly from kissing. People suffering with syphilis often have little white sores (called mucous patches) on their lips, tongue and inside of cheeks. These sores are very infectious, and by kissing the disease is readily transmitted. Kissing games have been responsible in more than one case for a widespread dissemination of syphilis. Therefore, avoid promiscuous kissing!

By adopting these simple measures, everybody can be practically certain to escape venereal infection. And if the knowledge of venereal prophylaxis became universal, the venereal diseases would in a very short time cease to be the scourges of the human race that they are now.

I make the statement after full and careful consideration, that if I were given a free hand I could practically abolish venereal disease, the development of new cases, in one decade. But it is a vain hope. For the hypocrites and the professional moralists will not give us a free hand. They prate about the horrors of venereal disease, but when practical measures are suggested, they shrug their shoulders, and tell us that they care more about the soul than about the body.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

AN ORIGINAL METHOD OF DEALING WITH PROSTITUTION.

BY DR. D. SARASON, Berlin.

WE must admit that prostitution is an *ineradicable* evil. It is therefore our duty to bend all our energies toward eliminating its baneful consequences, of which venereal diseases, are the worst.

Never had this duty seemed more imperative than at the present time when we expect the homecoming of soldiers to be followed by a mighty wave of venereal infection. When the war ends we must be able to count on a large and healthy increase of our population. It may be that we will then follow Blaschko's advice, to retain in the army all the men known to be suffering from venereal disease until they have been cured. I think that ways can be devised, however, to absolutely minimize the risks of infection in spite of the enormous increase in the number of disease carriers due to the war.

The periodical examination of prostitutes is perfectly useless as long as we allow infected men to have sexual intercourse with them. We must therefore adopt a system of regulation whereby *every man* shall be examined before being allowed to have intercourse with a prostitute.

We must first rescind the paragraphs of the statutes relative to the regulation of prostitution and to pandering. This will at once do away with the cadet system and the various forms of exploitation to which prostitutes are exposed. A corollary of this change in the legislation will be the strict repression of soliciting.

Prostitutes may be allowed to reside wherever they please, for experience has shown that they generally do their best not to attract anyone's attention in the part of the town where they live and not to make themselves objectionable.

Prostitutes should only be allowed to practice their profession in houses built by the municipalities and for which I suggest the name: Sexual retreats. Those houses would be scattered over great cities, towns of a certain importance and seaports. The authorities should retain full charge of them and not allow any private individual to have any share in their management. Thus only would it be possible to submit every male visitor to an actual examination and to turn away every person likely to spread venereal infection.

The women too would be examined, but this would become less and less necessary, for the examination to which the men would be

METHOD OF DEALING WITH PROSTITUTION 57

subjected would after a while minimize the risk of infection.

As a measure of protection against doubtful cases or cases that might escape the attention of the examiners, every visitor should be compelled to purchase a condom from the management and after intercourse to undergo a process of disinfection. The actual use of the preservative cannot be enforced, but in this case the women anxious to retain their health would cooperate with the authorities.

To make it absolutely impossible for an infected man to have any sexual intercourse whatever, I would go as far as opening the sexual retreats even to couples seeking a meeting place. A part of every house might be set aside for that purpose or even special houses built where real sexual need could be satisfied without serious danger to one's health.

Prostitutes could register at the office of a sexual retreat and thus secure the right to offer themselves to men in the parlors of the house. The management, which should be at all times kept informed of every woman's residence, would apprise her landlord of her means of earning a livelihood. Visitors would pay all moneys to the cashier. A percentage would be deducted from every woman's earnings.

Not only should those shelters be self supporting but there should be a surplus left wherewith to secure for the prostitutes sickness and old age insurance and other advantages.

Non-alcoholic refreshments only should be served in those places, for alcohol increases the sexual need to a regrettable extent: it destroys inhibitions which in certain cases prove effective restraints.

The sexual retreats would not be used as residence dwellings, but solely for the sheltering of extramarital intercourse and as a place where prostitutes barred from the street can solicit patrons.

The sexual retreats might do away with clandestine prostitution which is responsible for the spread of disease. Many women hesitate nowadays to register as prostitutes and thus escape all possible control. Sexual retreats would not only make clandestine prostitution useless but on the contrary insure advantages to women registering as professional prostitutes.

The women who only indulge in sexual intercourse occasionally or within the limits of an "affair" could make use of the rooms reserved for that purpose. The safety insured by the use of the

sexual retreats would mean much to those women ; on the other hand the unpleasant details connected with a visit to such establishments would act as a restraint in cases when desire was not all-powerful. At the Munich congress a speaker condemned in the name of the "moral imperative" any proposal to let the State supervise houses of prostitution. Another "moral imperative" demands that the State protect with all the means at its disposal the nation from the terrible danger of endemic venereal infection.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE INFLUENCE OF CASTRATION ON THE LIBIDO

BY EMIL OBERHOFFER, M.D.

Assistant director of the district insane asylum, Breitenau-Schaffhausen.

TWO cases which I observed personally enabled me to estimate the effects of castration several years after the operation had been performed. I will also report a third case of castration about which, however, the information at hand was not quite sufficient to enable me to draw any conclusions.

Case 1. A barber born in 1876. Masturbated excessively since puberty. Masturbated whenever he saw women. Committed to asylum for several sexual offences preceded by many thefts. He had tried immissio, cunnilingus and coitus ab ore with several girls under age. Under the influence of alcohol he would experience a great increase of libido and have intercourse several times in succession. The mere sight of women's shoes would arouse him; he would kiss them and masturbate at the same time. He was either sleepless or fell into a deep sleep and was most excitable when he woke up. In 1902 he asked to be castrated. The operation was finally performed in 1906 after he had threatened to castrate himself. After the wound had healed he became very anxious to know whether he could still give a woman sexual gratification. He masturbated and experienced as much pleasure as he had before, except that erections were impossible. Five months later he escaped from the asylum. He took advantage of his freedom to have intercourse with a barmaid and pretended that on that occasion he had had an erection and an ejaculation. Released on probation two months later he had intercourse with several girls and could perform coitus up to the point of the ejaculation. One of the girls wished to marry him.

* Sexual Probleme.

INFLUENCE OF CASTRATION ON THE LIBIDO 59

About a year after his operation had been performed, he tried vainly to have intercourse with the woman who later on became his wife. He tried thereupon to masturbate but failed to have an erection. A few days later he successfully performed the sexual act to the satisfaction of both parties. And yet 10 days later he met again with complete failure. He married in May 1908. In 1910 new alcoholic excesses on account of which his wife secured a divorce landed him once more in the asylum. By that time he had become absolutely impotent and neither his wife's body nor any other woman's body or erotic pictures could arouse his libido. He still had sexual dreams but not as frequently as before. Pollutions had continued for a year after the operation after which they disappeared almost entirely; they were replaced by emissions of a watery fluid without any erection or sexual thoughts.

When the patient had some sexual power left and could still perform the sexual act, this sort of ejaculation used to take place several hours after coitus, without any erection and was accompanied by a distinct pleasurable feeling. The gratification he obtains now is very rapid and not as intense as it was previously. The patient has been in good physical and mental health since he has been abstaining.

Case II. A journeyman born in 1875. Began to masturbate at an early age. Unable to find any more gratification in it he resorted to perverse practices, bestiality, frottage. Sentenced to jail at eighteen for obscene practices with boys. Sentenced again for the same offence three years later. Arrested again after his release and committed to insane asylum.

Indifferent to feminine attractions and only aroused by the thought of boys. In 1904 and 1906 he was again arrested and he finally decided to have himself castrated. The operation was performed in July 1906. It was followed by deep depression and certain obsessions. He thought every one was talking of his case and that other patients were persecuting him. He was released in October. After that he was never aroused sexually by the sight or thought of boys and expressed himself as very happy over the fact that his "abominable instincts" were dead. The patient, however, felt at times an anxiety he had never experienced previously.

Case III. Imbecile. Castrated at 34 on account of unbearable neuralgia of the testicles. At forty he looks like a youth of twenty with very feminine chest, abdomen and pelvis; no beard and no hair about the genitals. Erections took place for six months following castration and then disappeared entirely. Tried to have intercourse with a woman but couldn't perform immissio.

In these cases we make the following observations: In case I, castration having been performed at thirty one, the detumescence and contrectation instincts are still in existence eight months after the operation. From the eighth to the twelfth months the detumescence instinct decreased and gradually disappeared, the contrectation instinct decreased somewhat but continued to exist.

Case II. Castration at thirty two. Detumescence and contrectation instincts (homosexual tendencies) died out within five months. The patient is now a useful individual absolutely free from the tendencies that previously drove him to commit not only sexual delicts but all kinds of other reprehensible acts.

Case III. Castration at thirty four. Detumescence instinct died out within six months; the contrectation instinct was still alive eight years after.

This shows that the statement made by Theile and Pelikan, to the effect that the contrectation instinct survives and that erections still take place when castration has been performed after puberty is not the absolute rule. Furthermore in the case of a homosexual the sexual instincts disappeared entirely.

The fate of the contrectation instinct seems to be different with every case. Case II would contradict Moll's assumption that it depends upon the intensity of the previous erotic impressions.

In Case I a whole series of symptoms due to the impossibility in which the patient was to satisfy his instinct except through masturbating (sleeplessness, heavy sleep, excitability, depression) disappeared immediately after the operation. In this case, contrasting sharply with Case II the sexual excitation seemed to be to a great extent independent from the production of seminal matter. A year after the operation the patient still had sexual dreams and pollutions. Those pollutions must have been caused by the accumulation of prostatic secretions which seem to be discharged at regular intervals just like accumulated testicular products.

The feelings of anxiety experienced by Case II must have been due to unsatisfied libido, so to speak, accumulating within him and which before his operation he had been able to relieve through sexual activity.

In Case III finally we observe a very strange physical phenomenon; eight years after castration the patient began to have urethral bleeding recurring at intervals of six weeks, accompanied by severe lumbar pains and corresponding to a sort of menstruation. No such loss of blood had ever been recorded in the literature of the subject.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

CASE REPORT: GUN SHOT WOUND, INJURY TO TESTICLES AND CORDS, INPLANTATION OF VAS IN TESTICLE.

By DR. JULIUS FRISCHER, Kansas City, Mo.

Edwin H.—Male, Truck Driver, age 37 years. Married. Weight 190 pounds. Entered Kansas City General Hospital Oct. 17th, 1915, 7:30 a. m., complaining of gun shot wound of left thigh and scrotum. Patient was bleeding profusely, and the Interne applied pressure with bandages to control hemorrhage until I arrived at the hospital.

Examination: Patient was taken to the operating room at 3 p. m. and under ether anesthesia, we discovered gun shot wound caused by a bullet of large caliber, which, I was afterward told, had been fired from a .56 caliber, Spanish-American rifle. The bullet entered the left thigh at its outer aspect 10 cm. below the greater trochanter of the femur and passed through the thigh evidently striking the femur and becoming more or less flattened. The point of entrance was about 1.5 cm. in diameter and the point of exit, on inner aspect of thigh, was about 3 cm. in diameter. The bullet then passed through left scrotal sac cutting off globus major of the epididymis and the upper part of testicle, and severed the cord on left side. It then passed through the right scrotal sac, and completely dislodged the right testicle, displacing it from scrotal sac. The cord on right side had retracted into the inguinal canal.

Operation: An incision 5 cm. long was made through skin, dartos and tunica vaginalis on the right side from the neck of the scrotum downward and the scrotal sac opened. The cord on right side had retracted into inguinal canal and, as it was not bleeding, it was not disturbed. The right scrotal sac was closed by means of through and through horse-hair sutures. An iodoform gauze drain was placed in sac.

A 5 cm. incision was made through skin, dartos and tunica vaginalis on the left side from neck of scrotum downward. Both cord and testicle were delivered in wound. The cord was found to be lacerated and the bullet had severed the vas. The left testicle and epididymis also were badly lacerated. The globus major of the epididymis, being badly torn, was removed. The tunica albuginea and the edges of the fragmented testicle were trimmed off and the tunica closed with continuous catgut sutures. The vas was

dissected from the cord, and invaginated into the testicle, where it was held in place with two fine catgut sutures. The scrotal sac was closed with through and through horse-hair sutures. A gauze drain was placed in left scrotal sac.

A Wasserman was made of the patient at the time of admission as is customary for all cases in my service. Despite the presence of a 3 plus positive, the patient had a rapid convalescence.

After treatment: Profuse drainage first week. The sutures were removed in eight days. Nov. 20th, patient has had erections for past 5 or 6 days. Nov. 24th 1915, discharged from hospital. Nov. 30th 1915; patient has reported that he has had satisfactory coitus once.

Jan. 7th 1916; successive examinations of four different specimens of semen showed no spermatozoids present. These examinations were made very carefully.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SYPHILITIC HYDRARTHROSIS.

BY CHARLES GREENE CUMSTON, M.D., Geneva, Switzerland.

Privat docent at the University of Geneva, Fellow of the Royal Society of Medicine (Lond.), Honorary member of the Surgical Society of Belgium, etc.

Anot infrequent joint complication arising during the secondary period of syphilitic infection is hydrarthrosis, or water in the joints, devoid of any acute symptom. Hydrarthrosis is looked upon as a transitional accident between the secondary and tertiary periods and it may occur during the latter, but of the tertiary form I shall say nothing, as it in no way differs from the secondary variety.

This specific joint lesion has been regarded by some as a late secondary manifestation because its commencement is slow and insidious, so that the patient's attention is only called to it when the joint has already attained a considerable size. But in reality, it is not uncommon to see it develop during the early skin or mucous lesions of secondary syphilis.

In order to determine the date of its appearance one must carefully question the patient and altho hydrarthrosis is far more frequent than is generally supposed it can be said that it is very often overlooked. Its principal, and often only symptom, is a fluid collection in the joint, which may require several months to

reach a sufficient size to attract attention. No inflammatory phenomena accompany the formation of the fluid, altho occasionally at the beginning it may give rise to slight pain which soon disappears and the joint becomes indolent.

The large joints are those usually involved, altho the smaller ones may likewise be the seat of the lesion, but the knee is by far the commonest site. Both knees may be simultaneously or successively involved, but under these circumstances the amount of fluid is hardly ever equal on both sides, and this inequality is a peculiarity of syphilitic hydrarthrosis.

Examination of the joint reveals the same objective signs as hydrarthrosis in general. The joint is enlarged, the skin normal and the normal folds and fossæ are effaced. Fluctuation is easily detected, particularly in the knee and other large joints and the patellar shock is quite distinct if the fluid collection is sufficiently considerable, while by palpation no appreciable change in the bone or synovial membrane can be made out. There is no muscular atrophy and it is to be remarked that of all joint affections those due to syphilis are, perhaps, the least apt to react on the neighboring muscular groups. Pain is absent on pressure and the joint can fulfill its functions, there only being some slight restriction of the movements when there is an excessive amount of fluid present. There does not appear to be any relationship between the gravity of the specific infection and the joint lesion as hydrarthrosis occurs in both severe and mild syphilis.

It is logical to suppose that the fluid collection is due to a change in the synovial, to some lesion of the ends of the bones composing the joint or a pathologic state in both, but autopsies are lacking to reveal the true condition of affairs.* After withdrawal of the fluid by puncture some results have been attained from a study of this element. If a cytologic examination be made it will be found that leucotoxic formulæ vary according as to whether this is carried out at the beginning or end of the process. In the former there is a polynuclear formula, in the latter a lymphocytic one. This accords with the subacute stage of the arthritis and a decrease in the fluid collection.

Abrami and Griffon (*Annales des mal. vénériennes*, 1907), state that the fluid is more toxic at the end of the hydrarthrosis on

* Mr. J. E. R. McDonagh, in his recent admirable work, "The Biology and Treatment of Venereal Diseases," London, 1915, merely says: "As a result of osteo-chondritis, hydrarthrosis may supervene," in his chapter on congenital syphilis.

account of its greater concentration, but they were unable to obtain positive results by inoculation in the guinea-pig.

The leucocytic formula of syphilitic hydrarthrosis does not resemble that of the tuberculous variety. Griffon and Débérain (*Annales de dermatol. et de syph.* 1906) found 62% polynuclears, 22% lymphocytes and 16% mononuclears, no red blood corpuscles but many macrophages. Microscopically, there are no pathogenic agents nor spirocheta pallida and attempts at culture remain sterile.

As has already been remarked, syphilitic hydrarthrosis has an insidious beginning which, for this reason, causes it to pass unnoticed. Its progress is torpid and indolent although Fournier states that it may disappear, even in a few days, *sponte sua*. Such cases I have never met with, but mercurial treatment will accomplish this feat, although absorption is incomplete in spite of specific treatment.

A cure may be progressively brought about by a disappearance of the fluid or, on the other hand, it may be delayed by successive attacks of recrudescence of the collection. In other words plainly stated, a definite cure is far from being always obtained. It is an obstinate manifestation of secondary specific injection which can very well ultimately result in serious joint changes.

If at the same time as the hydrarthrosis the subject presents other syphilitic lesions the diagnosis is manifest. If, on the contrary, such lesions are absent, real difficulty will be met with in coming to a correct conclusion as to the true nature of the process. In young subjects it is frequently bilateral but the fluid accumulation is not equal on both sides. By palpation the synovial is not found thickened while the movements of the joint are not limited. In the early stages, at least, nothing can be detected in the bones forming the joint involved. An antisyphilitic treatment may aid in the diagnosis but it should be recalled that even should it fail in results, this fact is not at all conclusive.

It is hardly probable that a syphilitic hydrarthrosis can be mistaken for a tuberculous synovitis, because there is no thickening of the synovial membrane and no special attitude given to the limb involved, but should there be any doubt an injection of tuberculin or the ophthalmic-reaction should settle the question.

Once the diagnosis made, treatment should be commenced, without delay. This is local and general. Locally, the fluid should be withdrawn by puncture, after which the joint is done up in a compressive dressing. Should a suppuration develop secondarily

due to the breaking down of a gumma in the synovial, arthrotomy must be resorted to, the joint cavity cleaned out according to the usual rules of general surgery and the joint immobilized. Resection will be required in those instances where the arthrotomy has become complicated by an ankylosis.

Of foremost importance, however, is the specific treatment upon which I desire to say a few words. To act rapidly and with success I find that the injection of soluble salts of mercury is the best, either of the following formulae being satisfactory. The first two are due to Gaucher, the third to Brousse.

R	Hg. bichlorid	0, 10
	Natrii chlorid.	0, 20
	Aq. dest.	10 cc.
	*Cocain. hydrochlor	0, 05
S.	One cubic centimetre for an injection.	
B	Hg. benzoat.	1.0
	Natrii chlorid.	2.5
	Aq. dest.	100 cc.
S.	1 to 4 cc. per injection.	
B	Hg. biniodid.	0,10
	Kalii iodid.	0,20
	Natrii cacodylat	0,30 to 0,50
	Aq. dest.	10 cc.
S.	One cc. per injection.	

These should be given daily for ten days, then an interval of ten days is given before again commencing.

Mercury can be given by mouth if the patient cannot visit his medical man for the injections, in which case the following prescription will be found of service.

R	Hg. biniodid.	0,10
	Kalii iodid.	20.00
	Natrii cacodylat	0,50
	Aq. dest.	300.00

M. D. S. A dessertspoonful after lunch and dinner.

* It is unfortunate that stovaine cannot be substituted for the cocaine, but the incompatibility with the Hg. prevents this change.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

HOW TO PREVENT AN EXCESSIVE FALL IN THE BIRTH-RATE WITHOUT INTERFERING WITH THE USE OF CONTRACEPTIVES.*

BY PROF. A. GROTJAHN, Berlin.

II.

CONSCIOUS PARENTHOOD

The regulation of the birthrate to which we will eventually resort for eugenic and political reasons will have one result: the large majority of children will be procreated thru a conscious act of their parents, they will be born because their parents will want them. Henceforth the survival of the community or of the nation will be dependent upon the will of each individual couple. It behooves us then to inquire into the nature of the will to procreate.

The sexual urge is no longer inseparable from the will to procreate and in the future it will be even more independent of it. It may be that what we call civilization consists to a certain degree in a divorce between the sexual and the parental instincts. Life's needs and life's pleasures have become gradually differentiated. We eat and drink not only substances which sustain our bodies but which produce pleasurable sensations and make the process of feeding especially agreeable. Our eye is not used only to discover objects we need; our ear does not serve only to warn us of dangers; both senses are used extensively for purposes of enjoyment.

The same phenomenon is observable in our sexual life and the spread of information about preventives will generalize it still further.

Whether we approve of that divorce or disapprove of it, it remains an accomplished fact. It is no longer the sex urge on which we can rely to insure the continuation of the race but the will to procreate. And this fact has two consequences: it is true that we can now apply the discoveries of eugenics to the propagation of the species; on the other hand, there arise obstacles which once upon a time the sexual urge would have surmounted without difficulty but which nowadays may either paralyze the will to procreate or prevent its free exercise.

We must then create conditions which facilitate the exercise of the will to procreate.

At present many burdens make parenthood onerous not only for the poorest classes of society but for the middle classes. Edu-

* Continued from January issue.

cational requirements are very severe. Professional men cannot hope to attain a position before the age of twenty seven or twenty eight. Of all the students attending high schools or universities very few will be in a position to marry before they are thirty.

Among professional men and officials there is also a fear which paralyzes the will to procreate, the fear of "having one more daughter." The expense of bringing up a girl which is never compensated as the expense of a boy's education is, and the difficulty to marry her off are great burdens upon the middle classes. When parents have had two or three daughters in succession they will most certainly resort to preventives the rest of their life. Opening up new careers for women will not remedy that condition.

In agricultural populations the higher birthrate may be attributed to a greater indifference to the consequences of sexual intercourse, but even in that class of the population a falling off is noticeable. Among industrial workers, the higher the wages the lower the birthrate. We must give up the belief that the proletariat constitutes an inexhaustible human reserve. We have come upon a new slogan in workingmen's meetings and in the labor press: the mothers' strike. The use of the word implies that the lower classes of the population are now familiar with means of preventing conception. When prevention becomes an effective weapon in the fight between labor and capital, it will annihilate the working class. Furthermore while the higher classes can find in the lower one the recruits they need to replenish their ranks, the lower classes can not fall back upon any other class and by letting their numbers diminish they will lose their political power.

It is also very important to notice the attitude women have assumed in this connection. Women are apparently eager to resort to all kinds of methods for the prevention of conception. Renetta Brandt Wyt has analyzed very cleverly the psychological motives that are responsible for this attitude. "Motherhood," she writes, "is in woman a dormant possibility. To be a mother and to care for children is every woman's ideal. The reality, however, corresponds very little to her dream. The woman's womb is of course her property; but it is, so to speak, managed by man. It is man who opens up the virgin's body. It is he who provides the stimulus for her fecundity. He has a first claim, guaranteed by law, upon the product of it, the child. And now thanks to anti-

conception appliances woman can once more own her womb; she can manage it herself altho only in a negative way. The motives which actuate woman seem in last analysis to be the joy over the mastery of her own womb and the right to decide whether it shall or shall not be fertilized. The woman, however, cannot of her own will decide whether she is to be a mother, for the cooperation of man is necessary for impregnation. In that direction woman can only exert a restraining influence. Thru a negative process woman's will to procreate can transfer itself into unwillingness to accept pregnancy and its consequences. That unwillingness has its origin in the very human desire to eschew physical discomfort and in the naive joy of disposing freely of her uterus. The dormant mother instinct becomes to her a plaything which she sets in motion and then stops regardless of the consequences. Few women realize the gravity of such experiments for themselves and for the community. They are ruled by purely sexual and physical instincts. These should be replaced by a positive will to create, to care for and to protect. Yesterday woman was a mere child-bearing machine; today she only wishes to bear two children. For her own sake and for the sake of society of which she is a component element, she must strike a happy medium between these two extremes."

I have very little to add to this except that woman should come to feel a very lofty joy in giving willingly and consciously to the community more than what it needs for its growth. Mothers who bring up more than three children of at least five years of age must become conscious of their social, national and eugenic importance. They must feel that they are the real pillars of society and in consequence are entitled to put forth for themselves and their families claims which in the course of time will not be denied them.

We also have to deal with one human factor of importance; the tendency to brutality in man and to flippancy in woman. Education, custom and the law have curbed the man's natural brutality; but the woman's flippancy is not so easily dealt with. The woman who has at her disposal preventive appliances may be satisfied to bear one child or perhaps two whom she considers as playthings, while her duties to society would demand a large family of which three children would only be the foundation.

On the other hand, woman has a deeper respect than man for

law and custom, and this leads us to hope that after that present period of unsettled standards is past, women will accept the new standards established for them by hygiene and eugenics, by sociology and statistics.

It should not be difficult to demand from women of all classes a 10 per thousand increase of the population in countries where the death rate is low; and this without making out of woman either a childbearing machine or a household drudge.

The growth of woman's earning power is another factor in the limitation of offspring. The wage earning married woman, however, is rather a branching off of evolution than a part of the evolutionary process. It is a deplorable development which causes the working woman to shut her children day after day in a city flat and go to work, or the doctoress to leave her children in the hands of servants and to attend to her professional duties. Such cases, however, are only freaks and not a new evolutionary stage in its incipiency.

We may add that the educated woman shirks almost completely the duty of motherhood. The increase in the number of women students of which we were at a time so naively proud, is a transition phenomenon which is perhaps unavoidable in the process of woman's emancipation but which leaves the whole woman problem unsolved. The great problem is the growing difficulty for women in all classes of the population to find mates.

In the course of the past ten years the woman's movement has taken a gratifying turn. The most ardent partisans of women's rights couldn't ignore long the fact that motherhood is the central point of woman's life, whether woman is considered an individual or a part of the social organism. Curiously enough this obvious fact was at first a discovery of the litterateurs and then was taken up by agitators. This view of motherhood from a hygienic point of view is gratifying, for it will attract more attention to the present status of the girl mother, and, in the course of time the woman's movement will occupy itself more with parenthood and the family.

The woman's world has a deep interest in a growing expansion of the marriage mart. This can only be accomplished by encouraging early marriages in the classes where they are still customary and by introducing that habit in classes whose members marry late in life.

Furthermore the mother who has borne and brought up many beautiful children should be accorded among women the honor she deserves. The will to procreate will only express itself when consideration, praise and economic advantages are vouchsafed no longer to those who have created many children by accident but to those who have deliberately presented the community with a large number of strong children who come up to all the requirements of eugenics. It may even happen in time that such zeal will have to be supervised and kept within bonds by medical experts....

One of the most effective ways of helping the will to create in its struggle against the many obstacles that lay in its path is to appeal to potent social feelings which have a strong influence upon the moral conscience of the individual. Among those feelings patriotism is perhaps the strongest. Unfortunately too many people understand by patriotism an attitude of hostility to other countries. But the rational regulation of procreation would be the very means of deflecting patriotism from that direction.

We may dismiss other social feelings as factors in this problem. A feeling of the solidarity of all civilized nations or even of all the branches of one race which wouldn't imply hostility to other races, would not prove enough of a stimulus to procreation. Neither should we insist on other social feelings such as loyalty to a group, a class or a caste.

What gives the patriotic feeling such power is that it can, with the cooperation of the authorities, of the legislative bodies, and of the organs of public opinion bring about the removal of all the obstacles which consciously or unconsciously conspire to prevent the fulfillment of the duty of procreation.

The worst calamity than can befall a people is to remain in ignorance of the dangers that menace it. It is not the increase in armaments of France and England which are dangerous for Germany, but the increased birthrate of our slav neighbors. Germany is in comparison with Russia a small nation and the danger for us will be even more acute when Russia cuts down her death-rate and develops industrially as all the other European nations have done. It will be better for us to forestall that danger by an increase in our population rather than by a recourse to arms.*

* This was written of course before the war.—Editor.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SOME FACTORS IN MARRIAGE AND THE CHOICE OF A LIFE-MATE.

BY HANS BLÜHER.

Was marriage established by Nature or by custom? Certain biological facts such as the comparative death rate among legitimate and illegitimate children, one in twenty eight and one in twenty three respectively, emphasize the advantage of permanent unions from Nature's point of view; but it is mainly in the psychological field that we can gather plentiful evidence as to the true character of marriage.

Let us keep in mind the *Odyssey* which philologists very aptly call the *Song of Songs* of wedded life. Both Calypso and Circe, wild, young goddesses, for whom Homer never has a word of criticism or of scorn, failed to hold Ulysses' affection. It was for Penelope, aged and grey, that he longed; and neither the morality nor the religion of the time championed Penelope's cause.

What is that force which binds a man to a woman, as Ulysses was bound to Penelope? We have observed many times that it is neither a woman's luxuriant shape nor her great intellectual development which provokes in a man what we might call the "marriage feeling" and later on keeps that feeling alive in him. Many a time a young man ignores a number of beautiful creatures to whom his attentions would be welcome and lets his choice fall upon some simple maiden, whom he feels to be "the right one". Men will explain their preference for some girl by saying: "There is a something about her which attracts me" or again "There is something homelike about her." Here we are getting nearer the crux of the matter. We are getting at the connection between life and home and it may be that the man does not think so much of the home in itself as he does of the nursery.

We find ourselves now in the very domain of psychanalysis, for the first incidents of a child's life exert a deeper influence upon the individual's development than is usually conceded. Even the choice of a mate is determined by the complex of instincts formed within us in infancy.

I will illustrate my meaning by citing the case of a personal friend of mine, Dr. L., a man with a very strong sexuality but without any neurotic taint whatsoever. This is not a pathological case but a perfectly sound and normal one.

A very refined type and very popular with women, Dr. L. had in the course of extended travels conquered many women of distinction and beauty. And yet he admitted that in spite of his successes he had never found perfect satisfaction in love. When I asked him whether there wasn't a single one of those women who in any way came near the ideal he had in mind, he answered: "Yes, there was one, a nurse, whom I might have married. She was different. I just kissed her a few times. There was something about her that reminded me of my younger sister."

The solution of the enigma was in sight; with the sort of diplomacy one requires in the practice of psychanalysis I changed the subject; I did not wish at that time, by laying any special stress upon his infantile fixation on his sister, to provoke a repression which would jeopardize further research.

In our following conversation I brought up in a purely theoretical manner the subject of the development of sexuality in the individual and of its gratification in children. My friend remarked that in their secret games in dark corners, children were simply obeying sexual promptings.

Seeking for an example, he looked for one in his own life experiences. He admitted not without marked hesitancy that there had been a sexual element in his relations with his younger sister, but, he was careful to add, he and she had never overstepped certain limits. His very choice of words revealed that he was painfully conscious of certain incestuous desires.

He finally told me that his sister had been in childhood the constant object of his desires. Were extremely fond of each other and were always found in each other's company. They had indulged together in childlike sexual indiscretions which however his sister had given up when she entered adolescence. To this day he felt a very deep affection for his sister. She was now married to a man of culture and good character towards whom he experienced an unexplained antipathy.

I pointed out to him that this was merely a case of sexual jealousy, of which he might not have been aware and he conceded that I was right "in a certain way."

He denied having had any desire, since reaching manhood, to resume sexual relations with his sister. A few days later, however, he told me of three incestuous dreams he had had in the interval, those dreams being accompanied by pollutions. Later on those dreams recurred frequently.

Owing to the man's strong sexuality and to his clear consciousness, facts didn't assume the form of symbols in his dreams; one could get at the facts themselves, directly one broke the thin crust of repression.

After establishing the fixation on his sister, I tried to follow the trail of a fixation on his mother. Our real feelings toward our mother are generally buried deep in the subconscious and kept there under a stronger repression than our feelings toward our sisters. As far as my friend was concerned I could only ascertain that he had been a very devoted son. A year before, his mother had become mentally deranged and had committed suicide. My friend spoke of her in the most loving way and the memory of her death affected him profoundly.

Toward his father, Dr. L. felt an antipathy which was only compensated by superficial respect. He was incensed over the relations his father had had with more or less worthy women even before his wife's death. In childhood many an hour of affectionate intimacy with his mother had been interrupted by his father's jeering remarks. My friend found himself then in the so-called Edipus situation toward his parents: his mother was the loved one, his father the hated rival.

My friend now understood the reason for his aimless love-making. His fixation on his sister, which appeared to be the dominant factor in his attitude to women, might allow any woman diverging from his sister's type to play in his life the part of Calypso or Circe, but never the part of Penelope.

A year later he became engaged to a simple girl whom he himself characterized as homely. Considering his sexual temperament I was curious to know how he conducted himself when alone with her.

He told me that thus far he hadn't had any desire for her and could very well wait.

I convinced myself afterwards that Dr. L.'s fiancee in many respects resembled his sister physically and mentally.

There is no doubt but Dr. L.'s attitude to his fiancee differed from his attitude to other women as completely as the Penelope type of women differs from the Calypso type; by which is meant that the Calypso type seems to unchain a purely genital form of sexuality. From the minute she meets a man, coitus is agreed upon. If the woman is mentally gifted a whole edifice of values is built around her, but they all bear an unmistakable genital

stamp. With the Penelope type, on the other hand, things are quite different. It is her whole personality which occupies the erotic stage and the resulting libido is more moderate. It is only at a later period that the sexuality she awakens assumes a genital orientation, for she is after all a woman, has a womb and can bear children.

Philemon and Baucis illustrate well the latter form of relation between man and woman; we may, without any prudery, assume that the relations between Goethe and Madame von Stein were free from any sexuality. I may add that there are many cases of "love" between persons of the same sex, a variety of love for which our vocabulary seldom supplies the proper designation, and which is not connected with any sexual urge; actual homosexuality is after all very rare.

These two types of relations, in appearance so different are from the chemical point of view very similar; they can be likened to a flame and a smouldering fire, respectively: in both cases combustion is due to the combination of a certain substance with oxygen; and after all it is that same process which causes organic substances to decay and metals to rust.

A popular saying has it that love in married life is whatever remains after passion has burnt itself out; there is more than that in married love; there is an element that derives its strength from childhood fixations; and this is precisely why the wife we take has about herself something "homelike"; this also explains why married people often present a certain physical likeness; to say that they became alike in the course of time through the influence of the same environment is not an explanation.

There are cases however when a childhood fixation is so persistent that it makes it impossible for the man to love another woman. A case in point was that of the French Apache Bonnot who wrote in his will that he had never been loved in his life and that since his mother's death he had been absolutely lonely.

Opposed to this type which we may call the endogamous type, there stands another which we will designate as the exogamous type.

Karl Abraham first called the attention to the latter at a meeting of the International Psychanalytic Society of Berlin. Here is the usual development of that type: first a strong fixation upon one's sister in childhood; then the incest line is drawn between brother and sister but the pendulum swings so far in the

opposite direction that the man absolutely shuns every woman of his sister's type and seeks a mate of an entirely different type, nay of a different race. In this case childhood fixations have a negative influence upon the choice of a mate and nothing remains of the Penelope complex.

To show that the case I have discussed in detail was not purely individual I shall lead my readers into a field where it is not customary to mention any such thing as marital choice, the field of homosexual love. And I may say right now that the phenomenon of homosexuality will never be rightly understood as long as we approach it from the pathological angle. To me it is simply the extreme development of a process which begins with what we consider as normal friendship and which after passing thru many intermediate forms finally reaches the actual inversion pole. Homosexual love does not differ from heterosexual love except in so far as the object of the libido is concerned.

All the other apparent differences, degenerate habits, moral insanity, feminism in the man, virilism in the woman, neurotic taint, etc., are product of our present civilization and have nothing to do with any original tendencies or their process of development.

Whoever admits these premises will understand that in this domain also we find phenomena corresponding to the marital choice. This sort of "marital choice" is also determined by childhood impressions and the sort of "marriage" resulting from it stands in clear contrast, with its inhibitions, to other freer and more lighthearted forms of union.

I met some time ago a homosexual who was truly the opposite of what the psychiatric literature describes as characteristic of the type. He was a healthy and cheerful young man of 22, universally liked for his engaging manner. A frank voluptuary, he did not indulge any more, however, than any other young men do, who like women and have some temperament. When we became more closely acquainted, he confessed to me that his love adventures didn't satisfy him. His heart belonged to his friend Walter and if Walter could not be his, life would not be worth living.

He and Walter would kiss each other and rave together over their friendship but they had never had sexual intercourse, nor did he desire it, for Walter was different from other men. When he was with Walter his passion was appeased and he didn't desire any other man.

He and Walter had quarrels; once they parted, returned each other's ring and pictures and then my friend led a life of wild dissipation for a while. One evening before Christmas I met him on his way to keep a tryst. About midnight I found him in front of his house, very dejected. It had all seemed to him impossible and repellent at the last minute. He must go back to Walter or die. . . .

Here we find again the two different attitudes to love. The only thing which is changed is the object of the libido.

The psychanalysis of this case of inverted marital choice gave the same results as that of Dr. L.'s case. I found a strong fixation on the mother which had endured to this day. It was some of his mother's traits which appealed to him in Walter, in particular Walter's reserve. The theorists who consider inversion as a psycho-pathological phenomenon will not fail at this juncture to make the following remark: "The inversion was due to the fact that the patient had a strong fixation upon the opposite sex, a fixation which repression more than compensated for, the result being that the patient's libido was transferred from woman to man. If one only makes this clear to the patient, he stands a good chance of being cured."

This is all very well, but we had in our first case a man who also had a strong fixation on a woman, repressed it, and yet desired other women. We find others who, like Bonnot, give up love and yet do not resort to homosexuality. The usual explanations of the mechanism of inversion explain nothing and I believe that both the fully inverted and those who merely evince a certain leaning toward their own sex at the expense of the other sex have been made such by Nature for a distinct purpose. The psychological opposites, homosexual and heterosexual, have probably a functional value, though it is at times rather difficult to determine, just like the somatic opposites man and woman.

My patient also revealed to me that he felt positive hatred toward his brother. After I made it clear to him that in many cases love and hatred were ambivalent terms, he finally admitted that he and his brother had been at first very affectionate to each other; one day, however, my patient and several other little boys had gathered together and masturbated; his brother had only looked on. From that day on my patient had felt ashamed in his brother's presence and had ended by hating him.

And now it was the reserved disposition he had found in his

mother and his brother (while he himself was unusually frank) which had become the leading factor in his choice of a mate. The evolution of the libido in this invert parallels closely that of the young doctor whose case I cited at the beginning of this article.

Leaving aside the choice of a mate among inverts, we are compelled by biological as well as by psychological reasons to see something more in marriage than a mere love relation established by custom.

The man evinces a psychosexual tendency to draw a clear line between two types of women whom he will love in the course of his life. To the first type belong the women he associates with in his early childhood. As soon as the incest taboo separates him from that type, the man seeks the absolutely opposite type of women for whom he has passing fancies.

In a well chosen wife, the man loves once more his mother and his sister, and this kind of a love is capable, when age comes, to transform itself into friendship. The mistress represents the opposite type, which after the first flame of passion dies out, is easily forgotten.

While the Calypso type is severely ostracized by the Penelope type, we must not forget that the Phrynes, Aspasia and all the great and small cocottes of all lands have always taken an active part in the life of the intellect: the Penelope type, the wifely type, justly respected as it is, has a tendency to become petrified in the discharge of its domestic and motherly duties.

A readjustment is needed whereby both types of women will be vouchsafed their meet deserts.

AN UNUSUAL INJURY OF THE PENIS WITH SUCCESSFUL REPAIR.*

BY PAUL J. GELPI, A.M., M.D.

Assistant Professor of Genito-Urinary Diseases, Graduate School of Medicine Tulane University; Visiting Surgeon Charity Hospital, New Orleans.

On the 28th of December, 1914, a colored boy, Alfred G., age 9, was admitted to W. 1, Charity Hospital, presenting a condition of unusual interest. His penis, at a point about half an inch in front of the pubis, was almost completely severed, just as though it had been done by a knife in a circular amputation

* Read before the Orleans Parish Medical Society. *New Orleans Medical and Surg. Journal.*

of the organ. The skin was cut through all around, the cavernous bodies were almost completely divided (Diagram 1), and below, the spongy body including the urethra was severed (Diagram 2). The dorsal vessels and those of the spongy body, as well as the central arteries of the cavernous bodies, were cut, and it looked as though the distal portion was hanging by a mere thread. The uncut segment of the penis measured less than three-eighths of an inch across and less than a quarter of an inch in thickness. Edema of the pendulous part with phimosis was present to a marked degree, denoting to what extent the circulation was impaired.

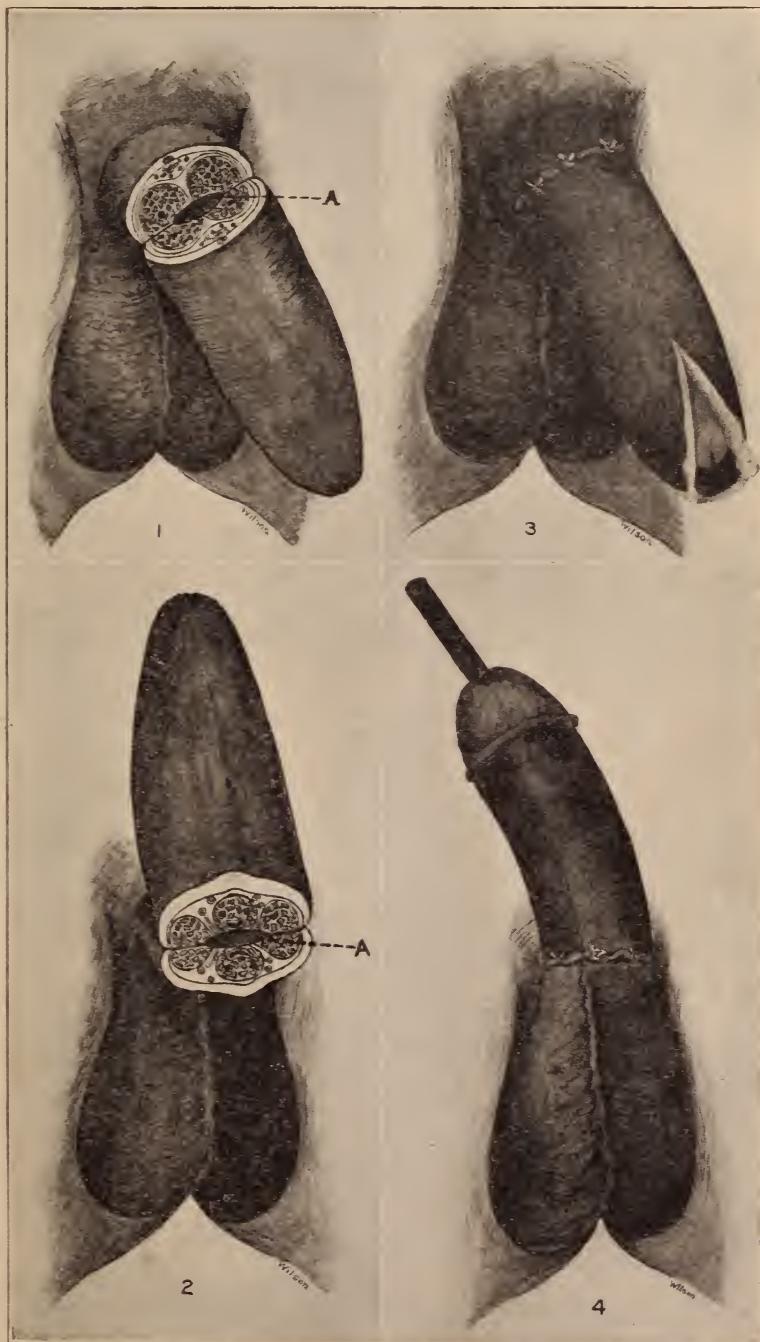
We thought at first that it would be a useless task to attempt restoration, in view of the great impairment to the circulation. The impression among those who viewed the case was that nothing short of completing the amputation would avail. We leaned on the side of conservatism, and decided to try repair by gradual stages, with the result shown in the accompanying photographs.

The history of the case can be told in a few words. We quote from the history written by Dr. Dean, intern of our service:

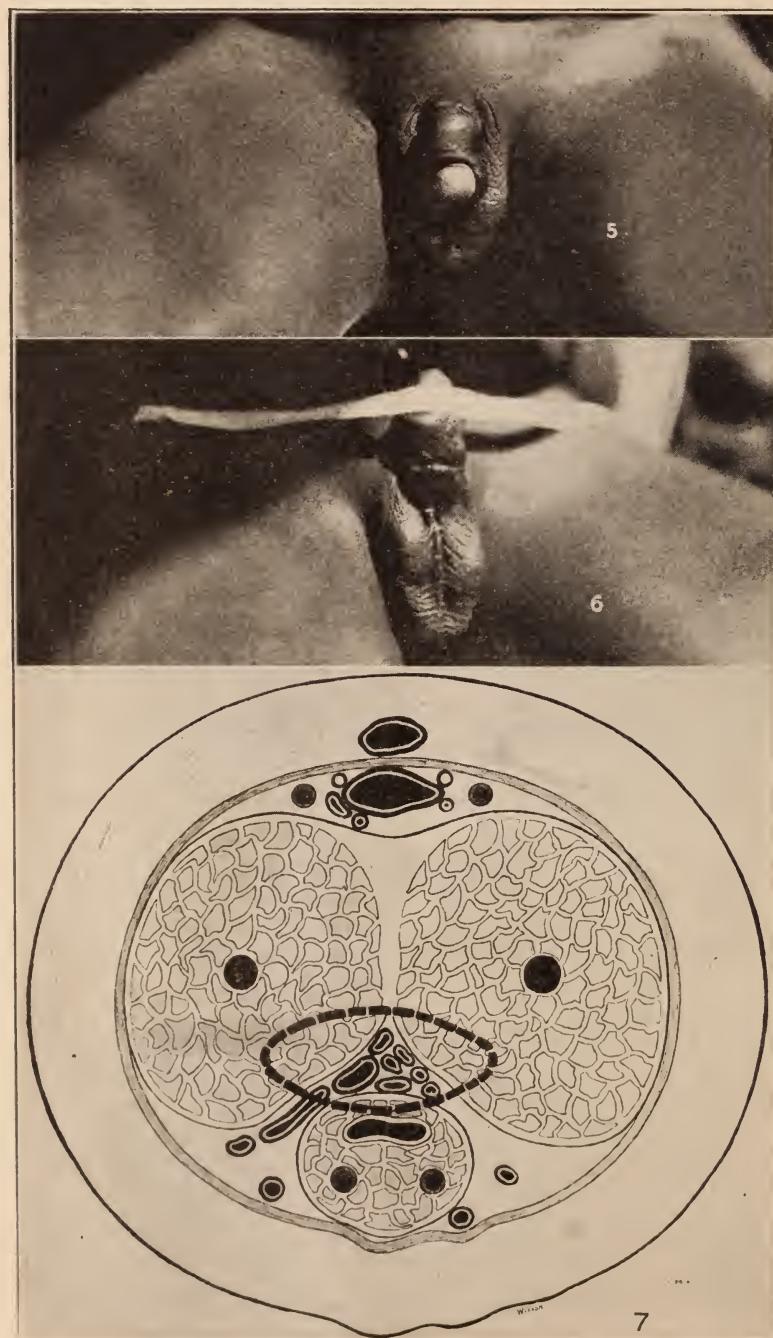
"About 8 days before entering the hospital, patient was out playing with some other boys. One of his playmates tied a string around his penis. He forgot about it for the time being, and when he went home his penis was so swollen that he could not get it off. The child being afraid to tell his mother, the string remained around his penis for 8 days. He could pass his urine at first with difficulty only."

The boy gave me an entirely different version. He claimed to be subject to nocturnal incontinence. His father, not understanding the nature of the condition, threatened to hang him if he would again wet the bed. In mortal dread, he decided to tie a string around his penis so as to avoid another accident and escape punishment. I mention this simply to show the difficulty in getting correct details. It would be interesting to know how long it took for the string to cut through the deep tissues, and also to ascertain the amount of hemorrhage and the time it took for the urethral fistula to form. Unfortunately such details could not be furnished by the boy, and it was only by persistent questioning that we were able to secure the meager information mentioned above.

Operative Procedures: December 29 a dorsal slit was made



1. Diagram showing section of cavernous bodies and dorsal vessels. A—uncut segment.
2. Section of spongy body and urethra. A—uncut segment.
Illustrating Paper of DR. P. J. GELPI.



5. Photo showing result of operation, anterior aspect.
6. Photo showing result of operation, posterior aspect.
7. Diagram of cross section of penis. Dotted line encircles only existing vascular supply at time of admission.

to relieve edema of the prepuce. This was done under local analgesia (novocain).

January 2, 1915. Partial penoraphy under local. Three catgut sutures passing through the skin and deeply through the cavernous bodies were placed so as to unite the dorsum. The result was fairly good and we were encouraged to proceed with the work.

January 19. Circumcision and urethroraphy, also penoraphy completed. The urethra was sutured over a catheter passed through the penis into the bladder. Sutures were placed to unite the spongy body and the portions of the cavernous bodies that were still separated. This gave promise of good union until the fourth day, when the patient pulled out the catheter. This caused the urethra and part of the spongy body to remain ununited. General anesthesia was used.

February 5. External urethrotomy and urethroraphy under ether anesthesia. In order to absolutely divert the urinary stream, we resorted to urethrotomy. Perineal drainage was established and the urethra was sutured over a second catheter passing through the penis and out through the perineal incision. The skin was sutured directly over this. We were again doomed to disappointment, for the occurrence of stitch abscesses prevented the union of the urethra.

February 24. External urethrotomy and urethroraphy under general anesthetic. Perineal drainage was established as before and the spongy body and urethra sutured. A piece of skin one-third of an inch was cut away from the distal side. The skin on the proximal side was dissected for a half inch, including a portion of the scrotum, and freshened. This was sutured to the new edge of skin above, so that the superficial line of sutures was on a higher level than the deeper one. A few days later, union was perfect except at one point on the right side where a pin-hole opening remained, through which the urine passed drop by drop. A catheter was introduced directly into the bladder and in a few days the perineal incision and the penile fistula were entirely healed.

This case demonstrates what perseverance will accomplish in plastic work. It shows also how we can restore parts even when the circulation has been impaired almost beyond hope. There are two points, however, which only the future can determine.

One is whether erection will be perfect in the course of time and insure normal coitus; the other whether there will be stricture formation at the point where the urethra was brought together.

AN UNUSUAL CASE OF MASTURBATION

BY J. ALLEN GILBERT, PH.D., M.D., PORTLAND, OREGON.

THE object of this brief report is to put on record a case which seems sufficiently striking to justify its being reported. The following history was obtained from his parents.

D. H—, a boy 10 years of age, has masturbated ever since he was two and a half years old. At this age it was a definitely established habit though the history extends back even farther than that—"practically to birth"—as one parent expressed it. At the age of five he was a physical wreck due to the peculiar method of masturbating. Resting on his head and feet forming an arch of the body with the abdomen downwards, by a peculiar longitudinal rocking motion of the body he obtained his satisfaction. The hands were not used at all. This rhythmical motion so shook the bed and room that it would wake the parents. At the completion of the process he would be more or less exhausted and covered with a profuse perspiration. He has been known to accomplish the act as often as twelve times in one night. His indulgence is not confined to the night but he resorts to his habit as often as opportunity will permit during the day. At the age of five he learned to accomplish the act by lying on his back and using the hand to rub the parts. From that time he gained in physical strength and though he was $3\frac{1}{2}$ inches under normal height and 13 lbs. under normal weight for his age he looked rather well and rugged. At four years of age he committed rape upon a little girl of about his own age on a country road. At the age of 9 he did the same to a little girl slightly older than himself. At this time he took her back into some bushes to accomplish the act. After questioning the boy, with caution not to give him any knowledge of anatomy that he did not already have, I could not convince myself that there was real sexual intercourse. He is not strictly truthful regarding things relative to his habit and he may have intentionally misled me, but his answers seemed to indicate that he did not have full knowledge of the difference of sex. I purposely avoided any questions or remarks which might reveal to the boy the true method of sexual intercourse provided he were still ignorant of it. He did on one

occasion, however, make the proper distinction and used the vagina of a bitch for sexual gratification. It has been impossible for the family to keep any pet animals. Cats, dogs, and his small brother two and one half years old were all used for the gratification of his habit whenever opportunity allowed. He could not be left in the presence of his brother for a moment without rubbing him till the parts were all inflamed. On one occasion he was found on the back of a fierce bull-dog in the neighborhood that everybody was afraid of. Shortly before he came under my observation the mother sent him four blocks away to mail a letter; as he remained longer than necessary she went to hunt him and found him behind a woodshed with a little girl. An incensed neighborhood had made it expedient for them to move several times within the year previous to their coming to me.

He has had only a year and a half schooling because he could not be kept in school on account of the fact that he spread the habit right and left among the children. During earlier years he showed no signs of shame whatever, indulging his habit in the presence of his parents without hesitancy. Of later years he sought privacy though he still discussed it apparently unabashed. At one time in my office I asked him to show me how he did it. Without shame or hesitancy he proceeded to a demonstration which I stopped. His mother was unable to keep any pockets in his pants for he worked holes in them through which to reach the penis and would perform the act in this way without the unsuspecting observer detecting him in it.

All methods the parents and various physicians could devise had been tried without avail. Even tying him to the bed so that he could not move arms or legs did not prevent him from wriggling the body sufficiently to accomplish his end. The only way to prevent him was by constant watch day and night. For a year they sent him to the country to try absolute seclusion from suggestive surroundings such as the city with its children might afford. While there he indulged his habit as before, even appropriating the chickens to the accomplishment of his end. The usual medical treatment gave no results. Suggestion failed. Detention in a private sanitarium in Santa Clara, Cal., brought no improvement. The superintendent of the insane asylum at Agnew, Cal., tried various preventive mechanical appliances and local irritants to stop the habit. The superintendent of the State School at Whittier, Cal., advised circumcision and resection of the vas deferens. A Seattle physician also tried various mechanical devices without success. The boy merely used the apparatus to rub against and accomplish his end. Kindness, punishment,

including severe corporal punishment, rewards, etc., have been entirely without effect.

The Oregon State School for Feeble-minded refused to take him unless he were circumcised and castrated. The father says the boy is a thoroughly good child and obeys in every particular except in reference to this fixed habit. He will not even promise not to do it any more. His only answer to such a request is "I do not know."

In their extremity the parents appealed to the Juvenile Court for advice and help. The court having no means of dealing with the boy referred him to the Society for Charities and Corrections, and they brought him to me. The boy was well nourished and yet underdeveloped, as stated above. He was nervous. Finger nails were bitten off close to the flesh. The foreskin was long and non-adherent. The parents testified to his being bright but he would not play as a child should. If told to build a block house he would build it mechanically in obedience to commands but manifested no interest in building it, tearing it down and rebuilding it. If told to ride his tricycle he would ride it mechanically till allowed to stop. He was polite and refined and showed every evidence of a good home and surroundings.

Circumcision was advised and performed by me on Feb. 22, 1911, not with the expectation of a cure but as a palliative measure. The second day after the operation he indulged his habit as before, protecting the head of the penis in the hollow of his hand and applying friction with the fingers and thumb at the root of the penis. If anything, he seemed to be worse after the circumcision than before, the local irritation probably serving as a stimulus to draw his attention to the parts. The parents had requested both circumcision and castration at the original operation and now urged castration both for the sake of the boy and the protection of the public. They were convinced that as soon as the parts reached development to the point of producing spermatozoa he would impregnate some girl. As yet there was no orgasm. The testicles were still undeveloped. The request for castration presented a problem and accompanying responsibility of no mean degree. I hesitated long, but finally became convinced that it ought to be done both for the good of the boy and the public.

It was not thought that castration would remove entirely the desire for the habit, for it would seem that the difficulty must be central, but on the same principle that castrated kittens, colts, pups, etc., lose almost entirely the sexual instinct if castrated when young the supposition seemed likely that, being castrated at his present age before development of the sexual organs was complete,

the habit in the boy might at least be abated to a marked degree and thus protect his nervous system from the ruin which the existing amount of indulgence would seem to make inevitable. Furthermore, the public has rights which should be considered in such a case. This element played no small part in the decision reached.

Not satisfied with my own conclusions on so important an affair, I consulted a number of physicians and a large majority advised that it be done. Realizing that it is easy to give an opinion when the subject under consideration is not one's own personal affair to deal with, I did not rest entirely on the opinion of physicians alone, but appealed to three judges of the courts, the county physician, officers of the Society for Charities and Corrections, and they all felt that it ought to be done. Though the task was an unpleasant one, I finally consented to castrate the boy on the written request of the parents. While in the wash room preparing for the operation the history of the case was presented to two other physicians who were present. These two men raised such a vigorous protest against it that I finally postponed the operation in order to give time for further consideration. During the discussion at this time the father was present and was so affected that he turned pale and prompt removal to the open air barely prevented syncope. For two weeks after the ordeal which was evidently trying to him, he suffered with pains over the heart and was unable to lie on that side.

The case was then submitted to the Portland Academy of Medicine. There was only one dissenting voice. He, a genitourinary specialist simply said, "I have no opinion to offer, but I have profound respect for a man's testicles."

Dr. S. A. Robinson, who took great interest in the case, took the history of it to the Governor of the State. In his opinion the State had no place to care for such a case, and he strongly advised castration. I then operated on March 20, 1911, and castrated the boy. The small incisions through which the testicles were removed, as well as the scrotum and a large portion of the penis were covered with a flexible collodion dressing to prevent him from infecting the wound should he continue his habit in spite of it. This dressing put him to some inconvenience, but he continued the habit immediately after operation. During the night of March 24, four days after the operation, he masturbated six times, and during the morning following he accomplished the act seven times before coming to my office. He said that he usually could and did do it oftener in the afternoon than in the morning. The operation seemed to have no immediate effect on the boy. The incisions healed

by first intention. While he still continued the habit the father reported on April 15 that more effort was required on the part of the boy to obtain satisfaction in the act. Shortly after this the mother reported that he had gone back to his boyhood method, viz., with his head and feet on the bed or sofa, he formed an arch of the body with the abdomen downwards and then by a forward and backward rocking of the body he obtained his gratification. The hands were not used at all except to steady the body while they rested on the sofa. At one time at my request he proceeded without shame or embarrassment to a demonstration of the method which I interrupted. In rocking the body forward the head was flexed under the chest to such an incredible degree that the impact of the movement brought the occiput of the head against the sofa with such force that he was bald at that point. One really felt that he was in danger of breaking his neck in the process. This method had so developed the posterior muscles of the neck that when he stood upright and let the head drop on the chest they stood out in a marked curve. His general physical condition suffered from the excessive strain. For a while he lost in weight but by November, 1912, examination showed that he was about normal so far as the respective physical functions were concerned. At home it was necessary to keep him a close prisoner for the protection of his younger brother, and the community at large. The brother seemed to be perfectly normal. He is a half brother to D. H.—, the father having married the second time.

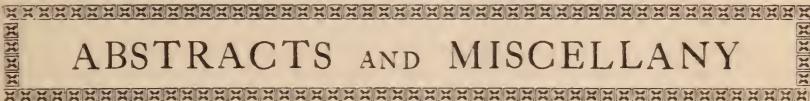
Continued difficulty in dealing with the boy at home seemed to make it advisable to renew previous efforts to have him taken care of in some institution. The crowded condition of the School for Feeble-minded prevented his admission for a time, but space for him was finally made and he was transferred to that institution. Up to the time of his admission to the institution the habit was still sufficiently strong to make it necessary to keep him practically a prisoner in his own home in order to protect his brother.

About two years after his admission to the institution the Child Welfare Commission in going through the institution, ran across D. H.—. Inquiry developed the fact that he had not had the habit since the change of Superintendents. Close watch night and day failed to catch him in the indulgence of his habit. The nurse who had him in charge immediately after his admission reported that he had the habit when he was admitted but that it had gradually disappeared.

During a recent visit to the institution on January 25, 1915, I was able to see the boy again. He is now thirteen years of age, rugged in appearance and liked very much by the officers in the

institution. The superintendent says, however, that he is not perfectly normal mentally. While he is of opinion that the boy is slightly feeble-minded, yet he is so far above the average class of boys of his age in the school that it is really not the proper place for him.

As can well be imagined, criticism for castrating the boy was both severe and disconcerting, but the severity and final outcome of the case have certainly justified the procedure. The problem presented many points for consideration which made responsibility heavy. The case is closed with a certain degree of satisfaction—certainly without regret for having treated the case as it was treated.—*Medical Record*.



ABSTRACTS AND MISCELLANY

FATAL URETHRAL FEVER.

Dr. Alexander H. Peacock, (*Medical Sentinel*, Nov. 1915), reports the following case. The patient was a male, 21, previous history normal. Four years before had dull pain in right side and back, lasting about three hours, with nausea and vomiting, which was relieved on lying down. Has since had similar attacks. Cystoscopic examination made June 7, 1914. The urine was clear, no shreds, specific gravity 1.021, no albumen nor sugar. Bladder was normal, catheter passed the right ureter clear for six inches, then showed stricture; this was passed and pelvis reached. Left ureter was easily catheterized to pelvis, clear normal urine was obtained from both kidneys; no pus, no bacteria, no casts. Right kidney was freely movable. No anesthesia was used.

That night patient passed a little blood on voiding urine, had mild fever and chill. Next morning passed only a small amount of clear urine, had bad chill, fever lasting several hours, considerable dyspnea. Was given a urinary antiseptic and felt better in afternoon. Symptoms reappeared in evening, his pulse was rapid and face blue. Next morning was removed to a hospital, had worse chill, temperature of 106 deg. Died in a few hours. Post-mortem was refused.

Altogether there is too much unnecessary cystoscopy and the more instrumentation we have the more cases of urethral fever we will have.

DURATION OF THE INCUBATION STAGE OF SYPHILIS.

One of the editors of the *Annales de Dermatologie*, (J. A. M. A.) G. Thibierge, publishes in the July issue a study of this subject. His data establish that in the vast majority of cases the incubation period ranges from fourteen to forty-two days, but that cases are on record in which the interval before symptoms developed was fifty, sixty and ninety days. He cites various authorities to show that the minimum seems to be ten days. In monkeys the range was ten to forty-nine. The average in man is between twenty-five and thirty days.

MARRIAGE OF TUBERCULOUS PERSONS.

The supreme court of New York has decided in the case of Sobol vs. Sobol that the marriage of a person suffering from tuberculosis might be annulled at the instance of the other party to the marriage when the existence of the disease had been concealed. The court decided that in view of the possible serious consequences to the wife, to the children if any were born, and to the community, the marriage contract should be annulled. The legal basis of the decision was the fraud of the defendant in concealing and misrepresenting the condition of his health.—*Public Health Reports*.

PROSTATIC HYPERSTROPHY.

Dr. A. L. Wolbarst, (*J. A. M. A.*, Oct. 16, 1915), says that the diagnosis of prostatic hypertrophy is not always a simple matter for the general practitioner and sometimes even for the urologist, especially when the nervous system is involved, causing functional disturbances of the bladder. He reports a case of incipient tabes occurring under his observation, which illustrates the fact. It teaches that mere enlargement of the prostate as shown by the cystoscope does not necessarily show cause for immediate prostatectomy. Secondly, that the cystoscope, useful as it is, has its limitations, and this is one of them. Wolbarst says he is conservative enough to rely on the clinical manifestations in the diagnosis of the senile prostate. The damage done by the use of the instrument in these cases, he thinks, is far greater than the good. [Perfectly true.—Editor.] When the diagnosis is not clear its use is permissible or even imperative, but the skill of the urologist will be shown by his ability to determine when it is necessary. The third lesson the case might teach is the importance of the physical examination and serologic test. The Wassermann test and the pupillary symptoms, the knee jerk and other nervous symp-

toms must be looked for. The question whether or not operation is required is to be judged in every case according to the existing conditions. It should be resorted to only after other measures have failed. The evil results that may follow make him feel strongly on this subject. We have all seen cases of enlarged prostates without unpleasant symptoms, and so long as the patient is in a fairly comfortable condition we should let it alone. The bladder should be given an opportunity to compensate for the obstruction of the enlarged prostate. This can be encouraged by the application of hygienic measures tending to remove congestion from the prostate and bladder. Massage of the bladder walls, by gently filling the bladder to its capacity, is extremely useful in stimulating compensatory hypertrophy. Prostatectomy is demanded as soon as a catheter is required to keep the patient in comfort.

DEFECTS IN PRESENT METHODS OF TREATING SYPHILIS.

Bruhns (*Abst. J. A. M. A.*) insists that actual progress in the treatment of syphilis will have to be based on prolonged supervision of cases carried on and recorded systematically. This is scarcely possible except with private patients, and with repeated collective inquiries. He presents evidence to sustain his contention that medical supervision is required for many more years than is now considered necessary. An isolated negative Wassermann is no criterion that the disease is extinct. Only when the clinical and serologic findings are constantly negative, on repeated examinations, for many years, can we regard the cure as probable. He lists the outcome of the Wassermann test repeated about yearly from 1908 to date in 100 private patients infected with syphilis ten or more years ago. In forty-two the test was constantly negative; in 32, positive at first but negative later; in seven, constantly positive, notwithstanding repeated courses of treatment; in three, positive at first, then long negative, but finally veering to positive again; in eight, negative at first, then positive and finally negative, and in eight, negative at first but finally positive. The last three groups are particularly suggestive; in some the long negative reaction for five or six years suddenly veered to a pronounced positive reaction without any clinical manifestations becoming evident at the time or later. After renewed courses of treatment in the two following years the response became negative again. Among the cases with constantly negative reaction were some in which brain trouble or tabes developed, demonstrating anew that the *clinical*

manifestations and the serologic findings do not always run parallel.

We appreciate better now the dire consequences of syphilis; insurance statistics have shown that 15 or 25 per cent. die from the results and that from 6 to 10 per cent. develop disease of the central nervous system while even more suffer from arterial disease. Lenz estimates that 25 per cent. of all syphilitics have aortitis. Paralysis develops on the average ten or fifteen years after infection and manifest aorta trouble, eighteen or twenty years. By treatment in time, gummatous lesions retrogress, and hence specific treatment repeated often enough may ward off arterial and cerebral trouble later. Syphilitics should have impressed on them the necessity for keeping under medical supervision. Some central system might be devised to remind all syphilitics at regular intervals of the necessity for returning to be examined.

Some recent research has demonstrated that in from 60 to 75 per cent. of all the cases of tabes or paresis other members of the family had been infected. This proportion is far larger than is found in the families of syphilitics who do not develop tabes or paresis. These and other facts seem to indicate that the form of syphilis which develops tabes and paresis later is infectious over a *longer* period than is the case with syphilis under other conditions. Raven reported last year an investigation of ninety families in which a case of metalues had developed. The interval between date of infection and the marriage was known in about half of them and it had been four years in two families, five years in one, and from six to twenty-one years in ten. It seems as if in syphilitogenous nervous affections the individuals are liable to infect others over a longer period than other syphilitics. If further research confirms this, we will have to modify our views as to when we can consent to marriage, for we have no means of knowing which of our syphilitic patients are going to develop nervous or brain affections.

TREATMENT OF VENEREAL BUBO WITH ROENTGEN RAYS.

Kall has been using the Roentgen rays in treating venereal buboes during the last eighteen months with good results. He advocates their use as systematic treatment in early stages before much inflammation has developed. Before suppuration occurs the treatment is more successful; the pain subsides and the patient is able to go about. Even after fluctuation has developed the leukocytes are destroyed and apparently absorbed by the rays. Even

indolent syphilitic buboes respond promptly to the treatment. Developed abscesses are incised and then exposed to the rays with good results.

CESAREAN SECTION BY BOMB SHELL.

The lying-in department of the public hospital of Rheims during the bombardment was transferred to the cellars without in any way upsetting the service, and without any fatalities from infectious complications. Henrot tells of a newborn, healthy child being brought in alone; when inquiry was made about the mother it was discovered that the mother on the way to the maternity had been killed by a shell which tore open her abdomen, and the child was simply lifted out.

TREATMENT OF ACUTE EPIDIDYMITIS BY PUNCTURE

Dr. H. W. E. Walter (*Boston Med. Surg. Jour.*) is very much in favor of treating acute epididymitis by aspiratory puncture. He prefers it to the usual medical methods and also to the open operation. The procedure is a painful one but the puncture causes a cessation of the patient's suffering so promptly and shortens the duration of the attack so markedly that the method deserves more attention and consideration at the hands of the profession than it has received in the past. The technique adopted is as follows:

The scrotum is prepared aseptically as for any operation; the practice being to shave the skin, thoroly cleanse the same with green soap and water, and then paint the site of puncture with tincture of iodine. The affected testis is then firmly grasped with one hand, the epididymis to be punctured pointing uppermost, and the skin over the selected area of entrance of the needle is put on tension. A very sharp-pointed, fairly large needle which is connected to a 10-c.c. record syringe, and which has been previously sterilized, is then thrust through the skin of the scrotum into the substance of the epididymis for $\frac{1}{2}$ to $\frac{2}{3}$ inch, and then the attempt is made to aspirate gently some of the seropurulent content. By withdrawing the needle slowly, aspirating all the while, one will often succeed in obtaining fluid from the different levels in the gland when the same would not be gotten if the needle was held in only one plane. Usually two or three punctures at different points in the affected organ are made.

The wounds are then sealed with a collodion dressing and a suspensory applied to the scrotum. Confinement to bed is not necessary and the after-care of these cases is very simple.

The only anesthetic used has been that of spraying locally the site of puncture with ethyl chloride to freeze the part. In hospital practice even this spray has not been found necessary to gain the patient's consent to have the punctures made. A general anesthetic is never necessary for this procedure. In dealing with hypersensitive patients one might inject a few cubic centimeters of 2 per cent. novocaine solution subcutaneously and down to the epididymis so as to diminish the sensation when the needle punctures are made.

As a rule very little fluid is withdrawn. The effect of the aspiration, however, becomes manifest by an almost immediate relief from pain, and within 6 to 12 hours the swelling in the gland and the fever will be noticed to have diminished considerably.

TREATMENT OF CONGENITAL SYPHILIS.

E. Müller (*Berl. Klin. Wochens.*) advocates intensive courses of treatment in a special department in general hospitals rather than separate institutions for syphilitic children. He has been applying treatment more energetically of late under the influence of the new régime in regard to syphilis in adults. For infants he prefers intramuscular injection of a suspension of calomel in olive oil, and gives no mercury by the mouth or inhalation, but alternates with neosalvarsan. For children over 2, he gives inunctions alternating with neosalvarsan injections. Some of the infants treated as above died suddenly, as in collapse. Probably the system was overwhelmed too suddenly with the toxins liberated by the destruction of such quantities of spirochetes. [Or they may have died from the neosalvarsan.—W. J. R.] Since these experiences he has reduced the dosage somewhat for infants. Once past this first course of treatment, however, the children thrive well under the succeeding courses.

He has been impressed with the improvement in intelligence of many of the children during the courses of treatment. Among the cases related is that of a bright child with adenoid vegetations. As they were excised their extraordinary hardness was noted, and the diagnosis wavered between syphilis and sarcoma. The child seemed healthy and bright, and there was nothing to suggest syphilis, but the Wassermann test gave a pronounced reaction. The

aim should be with congenital syphilis to eradicate it entirely. Hence efforts are justified to make the first course of treatment thorough and decisive. The Wassermann reaction is Dr. Müller's guide. This test is applied before each course of treatment and again eight or ten days after its close. After the Wassermann has become negative, two courses are given in prophylaxis. If the reaction is positive, treatment is continued until the desired aim is reached. In the most favorable case, therefore, three courses are required and otherwise four or five.

According to Dr. W. B. Swift, congenital syphilis can cause a faulty or incomplete development of vocal cords that results in vocal monotony and harshness in both conversation and weeping.

POLYANDRY IN INDIA.*

BY H. FEHLINGER.

Thus far polyandry as a social custom has been recognized only in northern India. Formerly widely practised it is now restricted to a relatively small number. In Tibet when the oldest brother marries the younger brothers become thereby married to the same woman. This is however, optional with the woman. The origin of the custom is as usual economic, that is, it requires the labor of several men to support one woman. The children belong legally to the oldest brother tho usually they are designated as belonging to the different husbands according to age. In Punjab where the custom also occurs, the marriage ceremony suggests marriage by capture. Here the houses usually consist of two rooms, one for the woman and one for the brothers. Women not married either become Nuns or are exported to other parts of India. With itinerant trades the brother who happened to be at home was regarded as the husband. In Santal, not only did the younger brothers maintain relations with the wife of the oldest, but the oldest had access to the sisters of his wife. In some places polygamy and polyandry occur side by side. Matriarchal polyandry, that is, where descent is traced thru the distaff side also occurs.

Since the custom exists in both northern and southern India the relation between the two has been difficult to establish. Apparently it was carried south by Tibetan conquerors since the southern tribes differ in form from the intermediate tribes. Certain customs substantiate this view.

* Z. f. Sexualwissenschaft II, 249, 1915.

LETTERS TO THE EDITOR

A MINISTER ON SEX RELATIONS.

William J. Robinson, M. D.;

My dear Sir:—

I have just finished reading your "Limitation of Offspring." A remarkable book! I didn't know, before, that anybody had written such a plain-speaking, truthful, and necessary book.

I wonder if I may speak my mind on the subject of sex-relationships, as they have presented themselves to me during the last forty or fifty years?

In my twenty-five years as a minister, frequently people come to me about their religious difficulties who need, really, the doctor, not the minister. Particularly is this so with persons who are in an abnormal psychical condition as the result of sexual reactions upon the mind. They're a queer lot; but need help the worst way! Hence, the doctor. My business, I conceive to be, largely, to awaken and stimulate the moral imperative within in their own souls (Kant's "categorical imperative") so that they are willing to obey the laws of life, especially, the *physical, sexual* laws. The doctor explains them to such patients; and administers the means of restoring them to normal conditions, but only the patient, himself, can *will to obey*. This last I try to impress upon the patient before I send him to the doctor. Now, I have found it important that I know as much as possible of such matters as books like yours treat of, not that I may administer aid, medically, to such persons as I speak of above, but that I may see that they *do* need the doctor, not me. If the *soul* needs awakening, that's my business; but the abnormal body and its reactions upon the mind, are not my affair, but the doctor's. Unless, however, I have enough specific knowledge of physical and, especially, sex matters, I'm liable to be treating the patient with *spiritual and moral* prescriptions that won't reach the difficulty. You understand, I take it. To the end, therefore, that abnormal persons may receive *medical* aid as well as *spiritual* quickening, I keep myself in touch with two or three doctors of various schools of medical practice, to whom I refer persons needing such. Hence, your books, so fearlessly written will prove a boom to such as I.

In regard to what Gerald Stanley Lee calls, "the awful mystery of sex", for many years I have held that the sex-relationship is not only *physical* but *psychical*. Several years ago, John Fiske, of Harvard University, said, "Physical evolution has ceased and psychical evolution has begun". That's just it! And until people realize it, together with its sex-implications, this old world won't improve much, I'm thinking. In the foreword of your book you quote, to tremendous effect for such as hold *ideas* of paramount value in life, Herbert Spencer, in regard to the value of "opinions"; that, being of such value in life, they should be developed and uttered fearlessly. Good! And the next step is, to realize that "opinions", "ideas", are "children of the mind", and are *created*, really, by *psychical sex-union*, just like any other "children".

My theory, specifically, is this: Men and women should marry *psychically* as well as *physically*. And the union, to produce the *best* results, should be *monogamous*. For it takes heaps of time and knowledge as well as constant and particular intimacy to develop and give birth to ideas that are of any value to mankind. Furthermore, if men and women are wedded

both physically and psychically, the *full* results of sex-power can be realized. For example: There can be, under such a relationship, an orderly and rhythmical interplay of both physical and psychical sex-functions,—an orderly, rhythmical, and highly productive alternation of action and repose between the physical and the psychical functions of men and women in the married life. During ovulation, a woman's brain ought to be quiescent; and the man's in a measure, also. Then after the function is over, both can enter into the most powerful *psychical* activity together for about eight or ten days; now, the man (right in the middle between the ovulation periods, should, if normal, it seems to me, have the *non-impregnating* (the point of your book) *sexual intercourse* that is so good for the affectional life and happiness of both man and woman. His brain should, then, become, for a day or so, quiescent, just as hers was at the menstrual period,—her's, measurably so. Then again, for another period of eight or ten days, they should enter into the most active and creative psychical effort together. This will complete a cycle of twenty-eight days, normally.

You see, by this scheme, both bodies and brains get alternate activity and repose,—just what each needs for the *best* results in life. After the physical activity (twice each month) the rested brains will be at their best; and the finest ideas, in those of sufficient education and mental endowment for such wedded life together, will be sent forth into the world. The excitement of ovulation and sexual intercourse that might bring on tension or, even, inflammation, bodily, will be allayed from the fact that the blood and nervous activity will be drawn off from the physically reproductive organs to the brains of both, their psychically reproductive organs. All will be normal, rhythmical, orderly, productive, harmonious, happy, blessed! It will require a high religious, moral, intellectual cultivation to carry out such a programme,—*both* the man and the woman must be educated in every sense of the word. Under such a regime, the "higher education of women" will be for fitness for the higher marriage, not, as so often now, a deterrent from marriage. Constancy, chastity, loving fidelity will be required, in the highest degree, from both to both; and something as near like heaven on earth as we are ever likely to get will be realized, I'm thinking! Anyway, such are my ideas as to the sex-relations and marriage; and I have seen the thing actually carried out, for many a year. Some day, I hope to see it realized by all normal souls.

Holding such ideas, you can realize, of course, how perfectly your own ideas of sex-relationships tally into mine. The Puritan would *suppress* sex-life; we would cultivate it and divert it from passionate self-indulgence to loving and faithful and self-restrained creativeness on both the physical and psychical plane of life. The idea is *radical* enough, all right! But none the less *true* for all that, I reckon.

I thank you for your books; and for your labors for nobler ideals of the wedded life,—from which "all blessings flow." I am,

Needham, Mass.

Very truly yours,
A. W. LITTLEFIELD.

[We can only wish that there were more ministers of the type of Mr. Littlefield. Editor.]

DOUBLE STANDARD OF MORALITY.

I wish to comment upon Prof. von Ehrenfels' "Double Standard of Morality", as follows:

There should be *no standard* of sexual morality in the social order, either double or single. Human beings should be as free from standards as the animals of the lower orders, in their sex life. It is not reasonable of course to draw too close an analogy between man and the lower orders, because the lower animals are controlled by a *race* instinct in sex life while man is governed by an individual instinct owing to his more highly

evolved brain. But all the more for this very reason man should be entirely free from any artificially cooked up *race* standard.

It seems incredible to me that a thinking scientific mind can speak of a "single" standard or any standard, as having power to bring us into "serious biological peril". How can a "standard" make the "question of wooing and sexual gratification alike in the two sexes"? Nothing can change these sexual differences. What is needed is freedom to exercise and so intensify these sexual differences. One would think that Prof. von Ehrenfels recognized "virile selection" as the only kind of selection in the cosmic order. Has not the female quite as much to do with selection throughout the universe as the male? Freedom of selection for both is the only selection that is biologically safe.

And why should we hark back to the past of evolution? Can this past avail to bring us any farther than we are today? What we must needs do is to get up and go on, shaking from us the standards of the past and refusing to bind ourselves with new ones. It is our standards and traditions that hold us back. But for them we might be much more highly evolved than we are today.

The only real biological peril to the human race is the economic peril. Do away with this peril by providing for women and children on a social basis in complete independence of the unreliable and ineffectual one—man—husband—and—father standard,—in other words, do away with *monogamy*, and we will need no strainings after standards of sexual morality. In such social provision "selection" for both male and female can be absolutely free and all of the essential differences necessary to reproduction will be only enhanced and intensified.

Philadelphia.

ALICE GROFF.

BOOK NOTICE

Manual of Surgery—By Alexis Thomson, F. R. C. S. Ed., Professor of Surgery, University of Edinburgh and Alexander Miles, F. R. C. S., Ed., Surgeon Edinburgh Royal Infirmary. Vol. I, General Surgery. Vol. II, Regional Surgery, Fifth Edition revised and enlarged, with numerous illustrations, Oxford University Press, 35 West 32nd St., New York.

This manual of surgery is one of the best textbooks on general surgery in existence. The text is lucid, debatable subjects have been omitted and the illustrations are remarkably clear and really illustrate the text.

ESTABLISHMENT OF A DEPARTMENT OF HYGIENE, SANITATION AND EPIDEMIOLOGY.

The H. K. Mulford Company announces the establishment of a department of Sanitation and Epidemiology, under the executive management of Thomas W. Jackson, M. D. expert in preventive medicine, sanitation and the study and control of epidemic diseases.

The most important subject before the American people at the present time relate to the public health. Work in this field is frequently beyond the reach of the existing health and sanitary departments of the various municipalities and smaller towns, on account of limited appropriations.

The department does not of course propose to enter into competition with the constituted public health authorities, Local, State or Federal, but to aid and assist these authorities in every possible way. The work is essentially one of service and education, and will be developed along these lines. The resources and equipment of the Mulford Laboratories, Chemical and Bacteriological, will be utilized, thus placing at the disposal of the New Department the entire laboratory facilities and expert services of the H. K. Mulford Company.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

MARCH, 1916.

No. 3.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

POLLUTIONS. (A PSYCHOANALYTIC STUDY.)

BY SAMUEL A. TANNENBAUM, M.D., New York.

Introduction.—Pollutions are a symptom, not a disease¹;* but the patients who are afflicted with this symptom raise it to such importance and make so much fuss about it that it deserves independent consideration as much as any pathogenic entity. The sufferings of those affected with this by no means uncommon condition are so real and the amount of money expended in the search for a cure is so great that the subject is of vast importance from a medical as well as from a socio-economic point of view. In spite of this the student and practitioner will look in the modern text books (e. g. Osler, Allbutt,) for a consideration of this theme in vain. And I may avouch, almost without the least fear of contradiction, that in not a single medical school in the United States is the subject ever mentioned to the students. Our Anglo-Saxon hypocrisy in the matter of morals is extended even to medical science. Because the truth about the sexual life does not coincide with the antiquated and narrow-minded views of the "moralists," the sexual life is taboo in our medical schools. This "conspiracy of silence" revenges itself most thoroly on our patients—and on ourselves. In sanctimonious England, as hidebound in its conventionality as it is rock-ribbed terrestrially, reputable physicians do not encourage sufferers from Pollutions to consult them or solicit their aid, because they regard the occurrence of emissions as a punishment for "sexual excesses" or "excessive venery." This, it must be confessed, is a step in advance of the time, not so long ago, when *Pollution* was a subject for theological, not medical, discussion,—when an emission was a sin and a manifestation of an unholy relationship with the devil. American physicians are less particular in this regard than their English confrères, but, Alas! they are taught so little about the sexual life that, even with the best intentions, they can render the sufferers from Pollutions but little assistance, and thus hundreds of thousands of dollars annually find their way into the pockets of charla-

* The figures refer to the Editor's comments.

tans and quacks. And yet Pollutions, as I shall show, is a very respectable condition—in whose acquirement old Mother Grundy plays a very important role—and deserves the careful consideration of the best practitioners of the healing art.

Synonyms.—Pollutions is variously spoken of as Spermatorrhea,² Pollutio, Seminal Emissions, Spermatia, Incontinence, and Wet Dreams. Hippocrates drew a terrifying picture of the condition under the name of Tabes Dorsalis! It is customary, without, however, any justification, to discuss Diurnal Pollutions and Nocturnal Pollutions as tho they were different entities.³

Definition.—“Pollution” is a very difficult term to define at this stage of our thesis. Corner, one of the most recent and sensible writers, defines it as “an involuntary discharge of semen at improper times.” Obviously this definition is open to at least three objections: it does not apply to females, contains the meaningless phrase ‘at improper times,’ and does not distinguish between organic and functional discharges. Others define it as repeated discharges of semen occurring during sleep, with or without a dream, or by day without previous sexual excitement and erection. A really satisfactory definition is impossible until we have considered the pathology or pathogeny of the condition we are dealing with.

Classification.—Under the terms Pollutions or Spermatorrhea two wholly different conditions have been described. “*Spermatorrhea*” ought to be limited to those cases in which, as a result of disease of the seminal vesicles, there is a discharge of semen during such expulsive actions as defecation, urination, laughter, coughing, etc. In these cases the expulsion of semen from its receptacles is mechanical and is not accompanied by an orgasm, [or even any sensation]. “*False Spermatorrhea*” might then be applied to a similar mechanical expulsion, while straining at stool or riding horseback, etc., of prostatic fluid, or urethral mucus and debris, as a result of disease of the prostate or of the urethral glands.⁴ The term “*Pollutions*” I would restrict to psychogenetic, unconscious, and involuntary orgasm or orgastic sensation with or without an erection, and with or without a discharge of semen.⁵

Occurrence.—Pollutions occur almost at any age, in males as in females, except during the earliest years of infancy. Moll has heard of nocturnal pollutions occurring in children seven or eight years of age. Married people are no more immune against it than the unmarried, and heterosexuals than homosexuals and perverts. The number of persons suffering from Pollutions is simply enormous, and it is no doubt true that there is hardly a single human being who has not at some time before marriage had

Pollutions. Women, owing to their greater reticence and to their fortunate ignorance of the fictitious dire consequences of pollutions, but rarely consult physicians about them.

Frequency.—There is no limit to the frequency with which pollutions or the sensation of a pollution may occur. One of my patients, an unmarried man of thirty years of age, had hundreds of pollution-like sensations daily for months. Most continent young men average one nocturnal pollution in seven to ten days. Average bad cases have two or three nocturnal pollutions weekly. Pollutions may, however, occur nightly and even several times a night. Strange as it may sound, a man may have a pollution even while lying alongside a woman, even a woman whom he loves, and, stranger still, even in the sleep following a coitus.

Morbidity.—Owing to the fact that Pollutions occur most frequently in persons who, for various reasons, lead a life of sexual continence, the question has been raised whether pollutions are not, to some extent at least, physiological, i. e. normal and healthful. There is absolutely no question in the minds of most observers that in the continent unmarried nocturnal pollutions take the place of coitus and thus serve as a vent for the accumulated sexual substance and a relief of the sexual tension caused by the accumulation of the semen in the vesicles and libidogenous substance in the blood (Sexual Toxemia). Notwithstanding the unquestionably beneficial effects following such Pollutions Eulenburg considers all pollutions abnormal. Llalemand considers them physiological only if they occurred spontaneously, during sleep, in otherwise healthy, chaste adults, and were accompanied by an erection and a voluptuous sensation. Ivan Bloch, one of the best modern authorities on sexologic matters, agrees with this view tho he regards pollutions, quite incorrectly, as a symptom or precursor of impotence.⁶ Fürbringer considers Pollutions a normal, physiological phenomenon if they do not occur more frequently than once in ten days. Loewenfeld says they are normal even if they occur as often as once a week or even once a day for a short period of continued sexual excitement, and that they are pathological if they occur once or oftener daily for a long time. Sir James Paget, as quoted by Ellis, regards even one or two emissions per week as within the limits of good health, whereas Lauder Brunton, Hammond, and others, consider more than one emission a fortnight abnormal. Moll considers emissions a normal but not satisfactory, result of celibacy. Obviously a definition that leaves out of consideration the relative sexuality of different individuals is too arbitrary and illogical to be of any scientific value. What is excessive for one individual may not be enough for another. One individual may suffer a thousand times more anguish and distress from a single pollution than another

from a lifetime of pollutions.⁷ Bloch is of the opinion that Pollutions are most apt to prove pathological if they occur before puberty, are frequently (?) repeated, occur during the day and under abnormal states of the genitals (i. e., without an erection). But in actual practice we do not find it so. Pollutions may be followed by very distressing symptoms even if they occur at night, or only seldom, or with erections, and at any age. The only rational course is to consider a Pollution pathologic only if it is followed by bad after-effects.⁸

Etiology.—Probably not a single writer on the subject fails to mention masturbation and *excessive coitus* as causes of Pollutions. What constitutes "excessive coitus" we are not told and innumerable instances of coitus repeated daily or several times daily for years, without subsequent Pollutions are ignored. That a history of masturbation can be elicited in almost any ailment afflicting individuals past the age of puberty is also ignored. The mere fact that a person suffering from Pollutions masturbated at some time of his life is no proof of an etiologic relationship between the two afflictions. Many inveterate masturbators never develop Pollutions. The truth of the matter is that Pollutions follow the cessation of masturbation or coitus and manifest the individual's inability to live a life of continence. *Chronic urethritis* is constantly mentioned as a cause for Pollutions altho there is hardly any doubt in my mind that in these cases the emissions are due to the patients' disgust with women or fear of another attack of gonorrhea, or something even worse, and to the consequent continence. *Tabes dorsalis* and *Diabetes* are also mentioned as causes of Pollutions. These diseases are no more causes of Pollutions than *chronic endocarditis*, *excessive obesity*, or any other condition that induces the invalid to refrain from coitus. *Chronic Alcoholism* is unquestionably frequently associated with Pollutions; the cause of the alcoholism is also the cause of the Pollutions. A number of writers emphasize "an irritable state of the genital apparatus," especially "an excessively sensitive urethra," as a cause of lascivious dreams and Pollutions; but they omit to enlighten us as to the cause of this irritability. Other local causes, e. g. subacute or chronic *colliculitus*, *gonorrhea*, *prostatitis*, *fissura ani*, *hemorrhoids*, *pruritus ani*, *lumbricoides*, etc., are also assigned etiologic importance in the production of Pollutions; unaccompanied by abstinence these local affections do not, perhaps cannot, result in emissions. A *full bladder* at night may be responsible for a pollution, but only if the individual's sexual libido is not satisfied.¹⁰ A person with a full bladder who does not want—the unconsciously—to have a pollution awakes in time to pass water or wets the bed. Hypochondria has been alleged to be a cause of Pollutions, but, notwithstanding

ing our ignorance of the nature and pathogeny of hypochondria, it is much more than likely that it is rather an effect of Pollutions.

Unquestionably the most common, and perhaps the only, cause of emissions, diurnal as well as nocturnal, is *sexual abstinence*. "Hard study" and "over-exertion of the brain" have been regarded as causes of emissions—an error due to a failure to consider the fact that those who are addicted to hard study and "over-exertion of the brain" are usually young men who cannot afford to consort with a *puella publica* or who refrain from doing so out of fear of venereal disease, or young men and women who abstain from masturbation or coitus because of ethical and moral considerations. Notwithstanding the importance of sexual abstinence Bloch does not mention it as a cause of Pollutions.¹¹

Pathogeny.—This brings us naturally to the question of the pathogenesis of Pollutions. If it is true—and no practical psychoanalyst or unprejudiced sexologist has any doubt about it—that Pollutions inevitably follow in the wake of sexual abstinence then they must be nature's method of finding a vent for the sexual toxemia. In the histories of a large number of these patients one finds the statement that they had "never had any connections or even attempted it" or that, for various reasons (fear of venereal disease, separation from the beloved mate, lack of love for the marital partner, fear of pregnancy, etc.), they had suddenly ceased having sexual intercourse. Boys and young men begin to have nocturnal emissions when, frightened by reading scare literature published by advertising quacks or the "normal uplift" essays of ignorant would-be reformers, they cease to masturbate. Then too there is a large class of boys and girls—girls perhaps oftener than boys—who, as they get older, give up the "filthy" habit of masturbation out of shame. In all these cases the constant functioning of the sexual glands brings about a gradually increasing sexual tension, an accumulation of libidogenous substance in the blood, an irritability of the sexual centres in the spinal cord and in the brain. At night, when the individual is asleep, the repressing force—the censor—is off guard and the leashed libido breaks out in a lascivious dream. In this way the individual is relieved of his toxemia and if he is abstinent from moral or ethical considerations, he can lay the flattering unction to his soul that he is not morally culpable—because it happened in a dream. ("Sin without guilt.") This "mechanism" serves to explain only the mild—the normal, physiological—cases of Pollutions.

But there is a large—perhaps the largest—class of patients in whom pollutions are only a symptom of a psychoneurosis. In these cases we find the most complicated pictures of apprehension neurosis or obsessive neurosis.

Altho I have discussed elsewhere (*American Journal of Urology*, June, 1913, p. 315, and *American Medicine*, Dec., 1911) the subject of "Apprehension Neurosis" there will be no harm in recapitulating the causes of this extremely common form of "nervousness." Chief among these are the abrupt introduction of innocent girls and newly married young women to gross sexual experiences, coitus interruptus, coitus reservatus, coitus condonatus, masturbation, coitus under difficulties (e. g. fear of discovery), premature emissions (which is often itself the manifestation of a neurosis), the futile embraces of chaperoned or "respectable" lovers, widowhood with its enforced continence, and voluntary sexual abstinence (which is almost always due to psychic conflicts). How these physical causes of inadequate sexual gratification combine with psychic factors to bring about Apprehension Neurosis, we leave the reader to learn in the papers above referred to.

Persons suffering from psychoneuroses (Conversion Hysteria, Phobias, Obsessions) not infrequently complain, among other symptoms, of Pollutions. The pathogeny and psychic mechanism of these neuroses are too complicated to be detailed here. In these ailments certain psychic factors, e. g., repressed infantile sexual components, a homosexual tendency, a perverse tendency, etc., play the most important role in the individual's inability to gratify his libido. At night, while the patient is asleep, the repressed "complex" finds expression in a dream and the forbidden sexual craving is satisfied. In this way sexually ungratified persons, even frigid women and impotent men, satisfy their repressed desires for incest, sadism, masochism, voyeurism, exhibitionism, etc., in their dreams or in their fantasies (day dreams). A frigid woman married to a man whom she cannot love (because of an unconscious fixation on her father or brother, etc.) has a dream the latent content of which is a coitus with this father- or brother-ideal and awakes in terror after a pollution. A young man with a strong masochistic trend dreams that he is being choked by a burglar [why not by a burglar? Editor] and awakes with an erection just after a seminal emission. Another young man, suffering from a psychoneurosis, determined to live continent until he can afford to marry a woman whom he loves, dreams of plunging a sword down his brother's throat and awakes in the morning to find that he had a pollution and, if psychoanalytically trained, realizes that his repressed heterosexual desire has reenergised his unconscious homosexual and sadistic trends. In this way any one or more of the "sexual components" may be satisfied unconsciously. Fortunate is the individual whose difficulties in heterosexuality do not land him in worse offences against morality and society, e. g., homosexuality, perversions, bestiality, pyromania, criminality, etc., who has nothing worse to reproach himself with than a dream!"

In the cases thus far considered the emissions occurred only during sleep; but there is a very large class of patients in whom emissions occur under the most varied circumstances while they are awake. The discharge or the sensation of a discharge comes suddenly and unexpectedly while the patient's mind is on some subject apparently not even remotely connected with the sexual or while speaking to or seeing a person of the opposite sex. One of my patients would suddenly, while speaking of some apparently innocent subject, such as the payment of rent, snatch at his penis and say "now I've had a pollution." Not infrequently, and that in some of the worst cases, a careful physical examination would show that the patient was mistaken, that he had really not had an emission, and careful questioning would show that what the patient really felt was either a *sudden twinge of pain* in some part of the urethra, or a *feeling like a flow*, or a *ticklish sensation* in the urethra, or a pleasurable *feeling of warmth* thruout the urinary canal. Some patients complain of a sudden feeling of *coldness* or "pins and needles" in the urethra.¹ The nature of the particular sensation felt by different patients is determined, psychoanalytically speaking, by the particular "complex" touched upon or the intensity of the accompanying emotion.

Sadger says that fear is especially likely to evoke a ticklishness in the urethra, but I have found it accompanying pleasurable ideas. Sudden fright is very likely to cause an actual emission. There is practically no limit to the frequency with which these sensations may occur during the course of the day. Actual emissions are, of course, very much less frequent. The same patient may at one time have an emission and at another only one of the aforesaid sensations. In men the sensation of an orgasm may be accompanied with a slight discharge of mucus from the urethral glands (Cowper, Littré).

There is almost no limit to the particular circumstances under which neurotic persons may have an emission or a pollution-like sensation. Certain movements, e. g. the rocking of a railway carriage in rapid motion, the jolting of an automobile, or omnibus, the swinging of a scup, riding horseback, dancing certain steps, etc., are very apt to stimulate the sexual appetite and to terminate in an emission or in voluptuous urethral sensations. This is a partial explanation for the popularity of some of these diversions. In these cases the urethral eroticism, and the suggestiveness of the movements, combine with the stimulation of the nervi erigentes to bring about the pollution. The mechanical stimulation of the seminal vesicles has nothing to do with it, except in cases of genuine (organic) spermatorrhea.

Masochistic experiences, ideas and fantasies, are perhaps the

most common causes of diurnal pollutions in neurotics. Many educators have found that certain pupils court corporal punishment, especially gluteal spanking, because it gives them emissions or pleasurable genital sensations. This kind of stimulation of the individual's urethral eroticism is unquestionably an important factor in the development of a subsequent masochism. One of my patients experienced a sensation of orgasm whenever he said or heard something reflecting on his ability to get along in the world, also when he received a bill or had to pay out money, and even when he thought of the risks involved in a contemplated marriage. Anything that tended to shake his confidence in himself or that tended to depreciation of himself or that implied risk, caused a pollution-like sensation. A female hysteric who was under my care experienced vaginal thrills and discharges while reading tales of slavery, suffering, and torture—her favorite literature.

Unconscious *Sadism* or, more correctly, incompletely repressed sadism, generally spoken of as "ideal sadism" (existing in idea only), is a less frequent cause of diurnal and nocturnal pollutions. Individuals so afflicted experience orgastic sensations at the chance sight of a bleeding wound, or on beholding corporal punishment being inflicted on another. These never commit an overt sadistic act; at the most they indulge in fantasies of causing pain to others. Any thought suggestive of suffering in others may cause a voluptuous thrill.

There are *fetichists* who can obtain sexual gratification only when their fetichistic craving is satisfied. But there is quite a large class of normal, or supposedly normal heterosexuals, who have a pollution or a pollution-like sensation,¹³ usually without an erection, on beholding, touching, or smelling, something that—unknown to themselves—has the value of a fetich to them. There are men who have an orgasm instantaneously on catching sight of a woman with large breasts, or with hair of a certain color (usually red), or with a small hand, or a small foot, or wearing a particular kind of shoe (usually high-heeled), or emitting a certain odor, etc. One of my patients, a frigid woman, experienced an orgasm (which she described as a thrilling sensation in the vagina accompanied with throbbing and moisture) whenever she beheld herself in the mirror while her hair hung over her shoulders. (Narcistic Fetichism). This woman could not pass a barbershop without experiencing a shudder and a feeling of disgust if she saw any one having his hair trimmed. Some women have orgastic sensations on beholding men of a certain build, wearing a certain kind of shoe, etc. Stimulation of any of the erogenous zones may terminate in a pollution in persons suffering from a *psychoneurosis*.¹⁴ So too an orgasm may be brought about by anything that chances to gratify any of the

incompletely repressed *perverse* or *inverted tendencies*. Some persons have an emission when they are tickled (*cutaneous eroticism*), when they wrestle (*muscular eroticism*), when they behold a statue of a nude figure (*voyeurism*), when they hear certain musical selections, see a beautiful painting, etc., etc. Perhaps the most common causes for such orgasms and orgasmic sensations are fear and *apprehension* from whatever cause. Distress of any kind may even lead to masturbation (perhaps as a kind of unconscious consolation or return to psychic infantilism). It is not at all unusual for boys and girls beyond the age of eleven, to have emissions during the tense moments preceding an examination at school or while hurrying to finish an examination paper. Medical students have confessed to me that they have had pollutions, or had to masturbate while waiting for the examination papers. Men and women not infrequently have pollutions while sitting in a court-room in anticipation of being called to the witness-stand, or while running to catch a train which they are anxious not to miss. Pleasure-giving ideas too may evoke a pollution. I have read somewhere of a woman having a voluptuous sensation every time she received a letter, and another of my patients experienced a delightful feeling of warmth in the urethra when he spoke of anything flattering to him. In brief it may be laid down as a general rule, that all emotions may take on an erotic character when they reach a certain intensity.

Pollutions and Enuresis Nocturna or Diurna.—Not infrequently physicians, especially pediatricians, are consulted by parents because of the terrible habit their children have of wetting themselves at night and, less frequently, by day. General practitioners know that this affection, especially the nocturnal variety, is quite common even in grown up young women who are usually too much ashamed to consult a physician about it. Now and then a neurotic patient confesses to wetting herself a little very often during the day even tho there be little urine in the bladder. Careful clinical observation will show that this trouble occurs most commonly in girls, especially during periods of heightened sexual excitement, e. g. a few days before or after the menses, while attending a dance, or reading erotic literature, while witnessing a "love drama," etc. Where no organic cause for the disease exists it will always be found that the patient—even tho a young child—is suffering from urethral eroticism, that there is a hyperesthesia or a hypoesthesia of the urethra, and that the urinary discharge or dribble is really the substitute for an orgasmic emission.¹⁵ The habit invariably disappears after the patients indulge in sexual activities that satisfy their libido.¹⁶ These facts serve to explain such phenomena as the occurrence of enuresis after sudden fright, while laughing very

heartily, and at the end of an attack of hystero-epilepsy (not infrequently a masked coitus) etc.

Pollution Dreams.—From time immemorial it has been observed that nocturnal pollutions are associated with the "very obscure subject of dreams" in some of which, as Ellis says "The dreamer becomes conscious of the more or less intimate presence or contact of a person of the opposite sex." But only very few pollution dreams are of this manifestly voluptuous and sexual nature.¹¹ Much more frequently the dreams in which emissions occur are so disguised that the manifest dream (i.e. the dream as remembered on awaking) seems to contain nothing that is even remotely suggestive of anything sexual. As a general rule the more a person struggles against his sexual impulses, the more he seeks to repress his sexual cravings, the more disguised will his dreams be, yet now and then one encounters a very respectable and moral individual who is terribly distressed at the disgustingly erotic character of his dreams —satyriasis in dreaming. The dreams of neurotics and of those suffering from pollutions are of the utmost importance to the psychoanalyst, for in them—and thru them—he discovers the dreamer's repressed homosexuality, perversion, fetishism, criminality, etc.¹²

Those who have given the subject some study have been struck by the fact that only exceptionally is a pollution dream, even if accompanied with an emission, of a pleasurable nature.¹³ Much more frequently the dreamer experiences emotions of a painful nature, such as apprehension, fear, terror, and even disgust. Another striking peculiarity of pollution dreams is the hitherto (I mean before the days of psychoanalysis) unexplained fact that the orgasm occurs at some apparently innocent phase of the dream. A full explanation of these phenomena would require a treatise on sexual repression and the psychology of dreams. But in general it may be said that the less neurotic a person is, the less he represses his sexual longings, the less disguised and symbolic will his dreams be, and the more likely will he be to experience pleasure in his pollution dream. And vice versa. The fear or disgust that appears in the dream does not appertain to the pollution but to some conflict latent in the dream. The dreamer is afraid of, or disgusted with, himself, his repressed desires. The fear in the dream is the expression of his conflict with his instincts. Another and important source of the painful emotion accompanying these dreams is the dreamer's sense of guilt. All that we have said above about the emotion accompanying nocturnal pollutions applies literally to diurnal pollutions.¹⁴

Pollutions and Sexual Relief.—Havelock Ellis calls attention to the fact, which he formulates as a "general rule," that "the more vivid and voluptuous the dream, the greater the relief experienced on awakening." This is unquestionably true, but it applies only to a very small percentage of persons having pollutions, namely those in whom the sexual abstinence is temporary, is due to physical causes (e. g. illness, absence of the beloved, etc.), and is not due to psychic conflicts. In them the accumulating sexual tension is relieved by a pollution. This explanation throws light on another observation made by Dr. Ellis: pollutions without dreams are more exhausting than others. But, in truth, there are no pollutions without dreams. What Ellis should have said was, "without remembered dreams." The dream is forgotten because it deals with complexes which the dreamer does not wish to recall.¹⁹ The exhaustion and other symptoms of depression (headache, fatigue, listlessness, etc.) are the dreamer's reaction to the stirred up conflicts. This is very much like what Ferenczi has described as "One-Day Neurasthenia" following masturbation.

Nor can I agree with Ellis's statement that "sexual excitement during sleep is more fatiguing than in the waking state." There is no reason why it should be so,—except in very neurotic persons.

Accompanying Phenomena.—Pollutions not being a disease it cannot properly be said to give rise to symptoms. All honest clinicians admit that a person may enjoy perfect physical and mental health notwithstanding numerous emissions. The mere loss of seminal substance during a dream or fantasy brings no disagreeable after effects in its train if the individual's mind is at peace, if he has not been frightened out of his wits by the infamously false literature foisted upon a stupid public by imbecile reformers, ignorant physicians, and villainous quacks.²⁰ That those who suffer from symptoms after pollutions are really suffering from fright and remorse is evident from the fact that now and then one encounters a patient who has had a pollution dream with all the sensations of an orgasm but without a discharge, or with a discharge of only a little mucus, and who nevertheless suffers all the tortures of the damned the following day. Besides, neurotic women also suffer after pollutions altho they lose no seminal substance in the discharge and may have only one such dream experience in a month. In general the symptoms accompanying pollutions are those of the particular neurosis with which the sufferer is afflicted. For a detailed statement of these the curious reader is referred to the essays above referred to or to any other psychoanalytic essays on true Neurasthenia, Hysteria, Obsessions, Phobias, etc. This

clinical picture is complicated by the occurrence of all sorts of fears and other disagreeable phenomena based upon infamous lies disseminated by dishonest and ignorant writers. Chief among these phobias are fears of gonorrhea, of syphilis, of physical and mental decay, of "degeneracy" (a favorite word with quacks and reformers), of impotence, of tuberculosis, of sterility, of loss of memory, of being a failure in life, etc. It is pitiful to hear these deluded victims of the charlatan describe their agonized self-castigation, their feeling of guiltiness, their sense of unworthiness, their suicidal broodings. They stand before the mirror to see if they are getting thin; they shun society for fear that their vice betrays itself on their face; every little Fehlhandlung (slip of the tongue, slip of the pen, etc.) is regarded as a certain sign of mental bankruptcy. They can't eat, can't sleep, can't play, can't work. The occurrence of an emission throws them into a panic. These symptoms are really all due to hetero-suggestion and would probably not occur had not the patients, in their early childhood been threatened with similarly disastrous consequences if they did not cease to masturbate. A patient of mine attributed the fear he associated with pollutions to the fright he experienced at the moment of the emission when he masturbated "for the first time." Excessive pollutions, like excessive masturbation and excessive coitus, do give rise to symptoms of sexual fatigue,—headache, weariness, depression, impaired memory, constipation, loss of appetite, neuralgic pains, etc. What constitutes "excessive pollutions" cannot be stated categorically. What is excessive for one may not be so for another. There is nothing in which human beings differ so much as in their sexuality.

The Discharge.—Even in males a pollution does not always mean a discharge of semen.²² In fact in cases of long-lasting and frequently-repeated pollutions the discharge consists chiefly of a thin watery mixture of urethral, prostatic or seminal mucus with some tissue detritus and a few, or no, spermatozoa, or only a few drops of urine. The discharge varies quantitatively as well as qualitatively. In some cases the discharge is very scanty, and in others it is totally wanting altho the dreamer experience all the sensations of an orgasm. The analysis of a patient's dream furnishes a clew to the explanation of these facts. The dreamer arrests the seminal discharge²³ because of a fear of losing the precious seed of life which, not infrequently, he considers a part of the spinal marrow. This is akin to a person dreaming of passing water without—because of shame and fear of punishment—actually doing so.

Prognosis.—The prospect of a cure in the ordinary case of pollutions due to voluntary abstinence is very favorable. In those

cases in which the pollutions are only one of the symptoms of a psychoneurosis the prognosis is that of the neurosis. Such idiotic statements as that "too frequent" pollutions are the most common causes of impotence or insanity, imbecility, epilepsy, etc., ought not to be permitted to disgrace a medical textbook. The pollutions and the impotence are really only different expressions of the same complexes;—what cures one will cure the other.²²

Treatment.—More nonsense has been written about the treatment of pollutions than about almost any other medical subject. The writings on this subject by the authorities of a former day are useful only as a source for mirth and laughter. Tissot, wholly ignorant of dream symbolism and of the sexual nature of even apparently non-sexual dreams, admonished his patients to awake the moment a libidinous idea or the image of a woman presented itself to their dreaming thoughts. Acton approved of this plan but doubted its efficacy. As unscientific as futile is the injunction to refrain from sexual thoughts, romantic (erotic) literature, from social intercourse with members of the opposite sex, etc. The very things the patient should not do if he would not add to the store of repressed matter. Some of the old writers ordered their patients to keep their dreaming thoughts pure by an effort of the will. This is quite as irrational as the modern physician's belief that a psychoneurosis is dependent upon the patient's will and that the patient can be rid of his symptoms if he will but will to be so. One might with the same hope of success, order a melancholic to will to be cheerful.

Local treatment of one variety or another for the cure of Pollutions is resorted to almost exclusively by most physicians. Perhaps because it pays. The most common of these are cauterization of the posterior urethra, frequent astringent instillations into the urethra, prostatic massage, passing bougies into the urethra, etc. All these procedures are—when persisted in for a long time—only a form of passive masturbation and do more harm than good.²³ Opium enemas at night need only be mentioned to be condemned. Physicians of a mechanical turn of mind have devised instruments for the cure of Pollutions. Rousseau had his patient go to bed with an instrument in his (the patient's) rectum so arranged that it made pressure on the seminal vesicles and mechanically prevented emissions! There have also been sold—at fancy prices—all sorts of contraptions so devised as to make constant pressure against the urethra or against the perineum and thus to prevent emissions. These are but seldom employed now,—the patients of to-day being, perhaps, more sensible than those of former days.

Some "surgeons" have gone into raptures in the praise of the "urethral ring"—a leather ring armed with four sharp prongs

(more could be added if necessary) which the patient fastened around the penis with a silk bow in such a manner that if he got an erection during the night the prongs would be driven into the flesh and would awaken the dreamer in time to prevent a discharge even if not to "check the disposition" thereto. Two of these ring instruments—adapted for males only—are pictured in Milton's book on "Spermatorrhea" (1881). Anyone with a slight sense of humor will enjoy reading Milton's rebuttal of the charge that the use of these rings is unscientific tho he admits that patients may have emissions even with the ring on. Another ingenious mechanism devised for the cure of emissions—in males only—is an electric alarm which works on the following principle: a ring is placed around the penis in such a manner that when the penis becomes erect it completes an electric circuit and rings a small alarm bell which speedily arouses the sleeper. If the sleeper refuses to awake at the crucial moment, or is a sound sleeper, it is an easy matter to place the bell where it will wake some member of the family.

The rational treatment of Pollutions is an easy matter. In mild cases, those due to abstinence from choice or from easily ascertainable causes, common sense will tell us what to do. Luther was right when he advised that girls having sexual dreams should be married, "taking the medicine which God has given." If they cannot do this they must find other methods for sexual relief or be content with wet dreams. Young men, widowers, etc., must do likewise."

Local diseases, if there are any, must necessarily be cured; but let us not forget, as Corner says, that "The treatment of the body is a mere adjuvant to that of the mind." In the severer cases Pollutions are only a symptom of a psychoneurosis; a psychoneurosis is a psychogenetic disease; and psychic diseases can be cured only by psychic remedies. Such suggestive measures as hydrotherapy, change of scene, an ocean voyage, electricity, massage, bromides, etc., will benefit only the mildest cases. The fears of these patients must be allayed; they must be told the truth about the sexual life; they must be instructed how to prevent gonorrhcea, syphilis and chancroids; they must be taught how to prevent conception, etc. If the patients are so far gone that these measures will not cure them there is only one thing left to do; and that is—*Psychoanalysis*. How to conduct a *psychoanalysis*—I mean the genuine Freudian variety—is another story.

POLLUTIONS—(A MEDICAL AND COMMON SENSE STUDY).

By WILLIAM J. ROBINSON, M.D., New York.

Dr. Tannenbaum's paper on pollutions is so well written and contains so many things that are true that it is a pity to have it marred by so many things that are not true. The marring is due to two factors: First, to the usual narrow dogmatism of the Freudian; and second, to a very evident lack of experience in the actual treatment of pollutions.

Theoretical differences of opinion are one thing, inadequate observation or a wrong interpretation of facts is another. It is an editor's duty to give space to opinions which differ from his own. It would be a *neglect of duty* to permit statements that he knows to be wrong to go unchallenged. I would consider that I was not dealing quite fairly with my readers if I printed Dr. Tannenbaum's article without any comments:

1. The very first sentence challenges criticism: "Pollutions are a symptom, not a disease." Dr. Tannenbaum should know that in many functional disorders *the sum total of the symptoms constitutes the disease*. In some cases pollutions are the symptoms of some underlying trouble, such as an inflammation of the vesicles or the colliculus seminalis. In others no organic change whatever can be found, and *the pollutions are the disease*. Where there is an organic basis, if we succeed in stopping the pollutions the patient is not cured yet, we still have to treat the inflammation, or whatever the cause of the pollutions may be; but in very numerous cases if we succeed in stopping the pollutions we have cured the patient.

2. Pollutions are spoken of as "spermatorrhea." We know of no modern sexologist who would speak of pollutions as spermatorrhea or vice versa. The two things are entirely different. Spermatorrhea is a loss or an oozing of semen during defecation, micturition or under some excitement, but without any erection, without any orgasmic feeling, in fact without any sensation whatever. The patient may not know that he has spermatorrhea, but he always knows when he is suffering from pollutions.

3. "It is customary, *without however any justification*, to discuss diurnal pollutions and nocturnal pollutions as if they were different entities." This statement, coming from a modern physician, is certainly surprising. There is certainly a very decided justification for considering the two as separate entities. To confuse the two shows a lack of experience with either. Nocturnal pollutions may be strictly "physiologic," may occur in the

strongest, most robust man, and may be unconnected with any bad effects—in fact they may, provided they keep within limits, give the patient decided relief. This is not true of diurnal pollutions. *Diurnal pollutions are always pathologic*, and only occur in neurotic individuals or in people with diseased and atonic prostates, diseased vesicles, inflamed ejaculatory ducts, etc. While sometimes they follow excessive nocturnal pollutions, they may occur in people who either never suffered with nocturnal pollutions or had them only in a very moderate degree. I repeat, the difference between nocturnal and diurnal pollutions is not only one of degree, *it is one of kind*. The former may be "physiologic" and cease as soon as the patient gives up his continent life, while diurnal pollutions are always pathologic and may and often do continue even when the patient resumes or commences sexual relations.

4. I do not give my sanction to the use of "false spermatorrhea" to describe a discharge from the prostate or from the urethral glands. Why introduce confusing terms? Why not call a prostatic oozing—prostatorrhea and a discharge from the urethral glands—urethrorrhea?

5. The author's definition of pollutions is so bizarre, that it can hardly be considered seriously. To say that a pollution is an orgasm or orgasmic sensation with *or without* an erection and with or without a discharge of semen, is to muddle up the whole subject of pollutions. *The very essence of pollutions is the discharge of semen* (or of mucus—in women). *If there is no discharge* then it is no pollution. The very etymology of the word refers to the fact. If there is no discharge of semen, where does the "pollution" come in, why is a person "polluted?" An orgasmic sensation does not pollute a person. The word was and is used in its physical sense. But besides this, hopeless confusion is introduced into the very pathogenicity of the symptom-complex. If we had pollutions without a discharge of semen they would never be of that serious import that they in reality are capable of becoming when too frequently repeated. For a discharge of semen every night or several times a night is a very serious matter and may make a complete wreck of a person, even if that person is not a neurotic to start with and is not afraid of the possible injurious effect of his pollutions. This point is a very important one, and the entire article of Dr. Tannenbaum is to a great extent vitiated by his peculiar, utterly unjustifiable definition of pollutions. Naturally if every tickling in the urethra, every little sensation without any emission whatever is called a pollution, then a man may have a dozen pollutions a day without being either seriously or in any way affected by them.

6. I regret to say that here I must disagree with Dr. Tannenbaum and agree with Dr. Bloch. There are very few things in sexual matters in which Dr. Bloch is incorrect, and he is certainly quite correct in considering excessive pollutions as a symptom or precursor of impotence. Pollutions if frequently repeated, and if not properly treated, *do often result in impotence*, and not only in partial impotence but the result may be complete permanent impotence. I have seen many such cases in which no other etiologic factor could be found. That many cases of pollutions do not result in impotence is true, but that is of course no argument against some of them so resulting. Hardly anything in the world has exactly the same consequences for everybody. Indulgence in alcohol, even in excessive amounts, leaves some people untouched, but it would be silly to deny that it may and often does make a wreck of others and may lead to delirium tremens in still others.

7. This is an exaggeration. There are no such cases. But we will call it a stylistic license, and let it go at that.

8. This is a very dangerous statement, as I have shown in my book on "Sexual Impotence."* Pollutions may be pathologic even if they leave the person in a buoyant refreshed condition. To delay treating a patient for pollutions until they produce distinct and unmistakable bad after-effects is poor practice because it may be then too late. The thing to do is to prevent the pollutions from becoming such as to produce bad after-effects. The whole subject of physiologic and pathologic pollutions is so important that I take the liberty of quoting on the subject from the just mentioned book:

The conditions of normal pollutions, or "wet dreams" as they are popularly called, are as follows:

1. They must occur during sleep.
2. They must not occur with undue frequency (this point will be discussed further).
3. They must be accompanied by a strong erection.
4. They must be accompanied by an erotic dream.
5. The ejaculation must be accompanied by a voluptuous sensation.

6. And last, but not least, the pollutions must not have any debilitating or depressing effect on the patient. He must feel in the morning refreshed and buoyant as after a normal coitus.

In other words, pollutions to be designated as physiologic must have practically the characteristics of normal intercourse. As soon as they begin to deviate from the conditions which we have outlined, they begin to be pathologic, and the greater their deviation the greater their pathologic significance.

* "A Practical Treatise on the Causes, Symptoms and Treatment of Sexual Impotence and Other Sexual Disorders in Men and Women. Fifth Edition."

Pollutions that occur during waking hours or too frequently, or that are not accompanied by erections, erotic dreams or voluptuous sensations, or that leave the patient on the following day depressed, languid, unable to work or concentrate, with a dull feeling in the head or pain in the neck and spine, etc., are distinctly pathologic and must be treated energetically and without delay.

I used the term "undue frequency"; I know it is an unsatisfactory expression, one of the expressions employed when we wish to avoid specific statements. What is the proper frequency and what is undue frequency? Are we justified in establishing a normal interval, and say that any smaller interval is abnormal? We are. I am as well aware as one can be of the differences existing in the sexual spheres of different men, and nevertheless we are justified in accepting a certain criterion, a certain average. If pollutions occur not oftener than about once in two weeks, or at the very most once a week, and if they do not cause symptoms of weakness and depression they are within the limits of normal. If they occur twice a week or oftener they *are pathologic, even if they leave the person in a buoyant, refreshed condition.* For we have here a great danger, the danger of the *pollution-habit.* While there are people who can and do live for years in good health with the pollutions occurring with about the same frequency, the general tendency of pollutions, if left untreated, is to increase in frequency and to lose in intensity, and in the erotic elements, i. e., their tendency is to pass from physiologic to pathologic. And it is the part of wisdom to treat them while they are still in the former stage.

9. "Many inveterate masturbators never develop pollutions." This proves nothing. Many inveterate smokers never develop cancer of the lip, but that in some cases there is a distinct relationship between smoking and cancer of the lip or tongue cannot be denied. And besides, why should inveterate masturbators develop pollutions? As long as they masturbate there is little or no semen left in their vesicles to cause a pollution; and then inveterate masturbators may so weaken their sexual organs, may so destroy the spermatogenic power of the testicular glands as to have very little semen or libidogenous substance in their system. But there is no question that many masturbators do begin to suffer with frequent pollutions after they have given up the habit of masturbation. There can be no two sides to this question. I see such cases daily. Depending upon various factors, such as the time of commencing masturbation, the frequency of the masturbation, the general nervous constitution of the patient, etc., the masturbator has three different ends: he either does not injure

himself at all, or he injures himself only slightly and temporarily, or he injures himself irreparably. In the first instance he may begin to lead a natural sexual life without being any the worse for his masturbation, or if he breaks the habit absolutely and does not indulge he may begin to suffer with pollutions. The same is true of the second class, only in a different degree. The patient of the third class may either have injured himself to such an extent as not to be able to have any pollutions at all, because he does not generate any semen, or he may suffer from nightly pollutions or even three or four pollutions a night.

10. That abstinence is the fundamental underlying cause of pollutions goes without saying and is admitted by everybody, even by quacks of the Sylvanus Stall type, and the author is simply fighting a straw man. But that all the causes enumerated may be contributing factors in the causation of pollutions nobody who has had any extensive experience can deny.

11. Bloch needs nobody to take up the cudgels in his behalf. His reputation as one of our foremost sexologists is secure. But none the less I cannot help saying that it is rather strange to reproach Bloch with not having mentioned sexual abstinence as a cause of pollutions. The thing is so self-evident that it needs no emphasis. And at the risk of making this commentary too long, I will reproduce here a brief chapter from the above referred to book, entitled "Causes of Pollutions":

The great basic cause of pollutions is continence. As just stated, if all men lived a normal sexual life from maturity to the extinction of the sexual faculties, pollutions would be only a rare and exceptional phenomenon. We are told that pollutions are unknown among primitive tribes or among animals. But civilization, by which we mean our social-economic conditions and our moral and theologic codes, imposes very decided restrictions upon the satisfaction of the sexual impulse. A large percentage of men get married many years after attaining maturity, and many remain unmarried through life. And as the opportunities for illicit intercourse are limited and at best unsatisfactory, many men have abstinence imposed on them, voluntary or involuntary, which is often irksome, often extremely annoying and unhealthy. And as nature must find a safety valve, an outlet for the accumulated seminal secretion, as the seminal vesicles can only stand a certain amount of distention, pollution is the result. And so the broad normal cause of pollutions is continence.

But there are many factors which aggravate pollutions, increasing their frequency and persistence. First, among these causes is masturbation. Masturbation puts the genital organs

¹ Loco cit.

into an atonic condition, so that emission takes place at the slightest stimulation. Both susceptibility and irritability is increased and the resistance is lessened. Other causes are: an uncured posterior urethritis, chronic inflammation of the colliculus seminalis, patulousness of the ejaculatory ducts, and prostatitis. Rarer and incidental causes are eczema and pruritus of the anus and scrotum, fissure of the anus, alcohol, particularly beer and ale, cantharides taken for their reputed aphrodisiac effects, an overfilled stomach, a full rectum, a full bladder, an overheated room, too warm covering, *cold feet* from insufficient covering; dallying with women, reading salacious literature or witnessing obscene shows, in short keeping the mind centered on sexual subjects, is an *undoubted cause*.

Nor must we forget a long prepuce with accumulated smegma, balanitis, phimosis, paraphimosis, and any other inflammatory condition of the penis, or the genial adnexa.

12. The entire Freudian part of the article I will leave aside. To me it seems grotesque, but to go into an elaborate criticism of it would make this commentary longer than the original article, and I must leave the discussion of the Freudian interpretation of pollutions, masturbation, impotence, etc., for another occasion.

13. Of course if the author will insist upon speaking of a ticklish sensation, or a feeling of warmth or a sudden feeling of coldness or a feeling of pins and needles in the urethra as a pollution, then he can claim and prove anything, but this is neither scientific nor correct, and a feeling of warmth or coldness or "pins and needles" do not constitute a pollution.

14. Confusion worse confounded. The author says stimulation of any of the erogenous zones may terminate in a pollution in a person suffering from a psychoneurosis. But, my friend, stimulation of any of the erogenous zones *becomes practically masturbation*, and such stimulation may terminate in a pollution in perfectly normal and perfectly healthy persons, in persons who haven't a trace of a psychoneurosis.

15. That bed-wetting or urinary dribbling is really a substitute for an orgasmic emission is to my poor mind so grotesque, that I would like to devote a few pages to showing the utter untenability of the statement, but again I must refrain. See paragraph 12.

16. This is not true. The vast majority of pollution dreams are of a manifestly voluptuous and sexual nature. In healthy men and women they are invariably so. It is only when the pollutions become pathologic that the dreams begin to lose their sexual character, and it is this *loss of the sexual character that frequently serves as a danger signal*.

17. This is also incorrect. On the contrary, pollution dreams when accompanied by emissions are generally of a pleasurable nature. Only after they become too frequent, after the patient is weakened, in other words after they have become pathologic, the pleasurable nature of the dream is changed into an indifferent or unpleasant one. I am very careful to ask all my patients to describe the character of their dreams, and what I say is based not on theory but on actual facts, on dreams as simply related by our patients without any suggestion from our part, without being guided by "leading" questions. There is no fear and no conflict in the patient's dream. The fear and conflict make their appearance only after the patient is awake, and the degree of the fear and conflict depend upon the patient's misinformation as to the danger of pollutions or upon his neurotic condition *induced* or *intensified* by pollutions.

18. Here the author reaches the acme of absurdity. To say: "All we have said above about the emotion accompanying nocturnal pollutions, applies literally to diurnal pollutions," shows a peculiar kind of reasoning. In one case the patient is asleep and unconscious, and in the other he is fully awake and in possession of all his reasoning powers. What becomes then of the sleeping censor, of the wish-fulfilment business, etc., etc.?

19. Here again Dr. T. is wrong and the author whom he criticizes, Havelock Ellis, is right. There is no question that pollutions accompanied by a vivid and voluptuous dream are much less weakening than pollutions not accompanied by dreams. But the reason that pollutions without dreams are more exhausting than others is due not to the lack of the dream, but simply to the fact that *pollutions without dreams mean pollutions of an extreme degree*, pollutions of great frequency, pollutions in a weakened and atonic subject. The stimulation or irritation necessary to produce a pollution in such a weakened subject is so slight that it may and does occur without any dreams. To say that there are no pollutions without dreams and that we must always say "without remembered dreams" is simply Freudian nonsense. How can we know that the patient did dream when he cannot possibly remember the dream, and when it cannot possibly be brought out by any methods? Psychoanalysis may make a patient believe that he dreamed, may suggest to him a dream, but that doesn't mean that he actually did dream.

20. To say that the mere loss of seminal substance brings no disagreeable after-effects if the individual's mind is at peace, is going to dangerous extremes. That the fear of the injury done by pollutions aggravates the patient's condition is undisputed, but that pollutions very frequently repeated may in them-

selves, in a perfectly normal, non-morbid, sensible patient cause extreme exhaustion will not be disputed by anybody who is not making irresponsible sensational statements. It is the same with masturbation. There is no doubt whatever that the lurid pictures of the horrible results of masturbation cause an awful lot of injury, sometimes much more than masturbation itself. But nevertheless it remains true that a patient who masturbates daily or several times a day for several months in succession will ruin his constitution, sometimes irreparably, will become a miserable wreck even if he does not believe in the injurious effects of masturbation. To say that a procedure which will bring the patient to complete exhaustion, causing sometimes a fainting fit, etc., is devoid of injurious effects, provided the patient is not frightened, is foolish in the extreme, not to use a stronger term. Even excessive normal coitus may make a temporary "idiot" of a person, may kill a person, so why not masturbation and pollutions, if excessive? It is a good thing to knock the ignorant reformers who try to make us believe that sexual relations are a luxury without which we can do very readily if we only wish to, but it is just as bad falling into the other extreme.

22. If it is not a discharge of semen or seminal like fluid, it is not a pollution.

23. According to this statement one would think that the dreamer can arrest the seminal discharge at will. It is only in the rarest instances that a man can stop a pollution and that is only when he wakes. And it is only people who are still in the robust physiological stage that occasionally wake during pollutions. The one in whom the pollution habit is firmly established, the pollution-weakling, does not wake during a pollution. He generally wakes in the morning without any memory of anything having taken place. There is only the spot on the linen to remind him of it.

24. This statement is quite incorrect. Pollutions and impotence are not "different expressions of the same complex." There may be pollutions without impotence and there often is impotence without pollutions, and what cures one will not cure the other, our author to the contrary notwithstanding. Pollutions are a comparatively simple matter to cure, impotence requires all our resources and an inexhaustible supply of patience, and even then we are not always successful.

25. Here I fear the author shows insufficient experience in the treatment of pollutions. There is no question that the measures enumerated by him, in skilful and judicious hands, often are successful in either *completely* stopping pollutions, which is *not* a desirable thing, or in reducing them to a physiologic minimum.

26. The basic cause of pollutions being sexual abstinence, it of course stands to reason that the proper remedy is to be sought in normal sexual relations. But the thing is not quite so simple. The author himself admits in the early part of his paper that married men, men who love their wives and have normal relations with them, may have pollutions, and men may have pollutions in their sleep immediately following a coitus. So simply to give this self-evident advice is not sufficient. It is sufficient for a large number of cases, but not for all. There are very many patients suffering with pollutions who if they begin to indulge in sexual intercourse still continue to suffer with pollutions, in fact the pollutions become aggravated. Then again, you must remember that many cases with the pollution-habit are also impotent, and to advise them to have sexual relations is like advising a legless man to walk without crutches or artificial limbs. They must be treated, treated and treated. And that psychanalysis has ever cured a genuinely impotent man I have very grave doubts.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

HOW TO PREVENT AN EXCESSIVE FALL IN THE BIRTH-RATE WITHOUT INTERFERING WITH THE USE OF CONTRACEPTIVES.*

BY PROF. A. GROTJAHN, Berlin.

III.

ECONOMIC AND SOCIAL MEANS OF INCREASING THE BIRTH-RATE.

IT is society's duty to foster the will to procreate and to reduce the burdens of parenthood; the spread of information of anticonception methods no longer allows us to expect frequent childbearing as a matter of course. Fortunately there are many means within the reach of society, the state, the nation, the race, to grant prolific couples the recognition, the assistance and the encouragement they deserve.

To this day very little has been accomplished in that direction. On the contrary, our age by considering the family as a purely private institution has done much to make parenthood more burdensome and to place a premium on childlessness.

The granting of special privileges to large families is nothing new. In the 17th and 18th centuries the governments of several nations did their best to increase the birthrate by combating celibacy, taxing bachelors more heavily, disbarrring them from

* Concluded from February issue.

certain offices, restricting their inheritance rights and at the same time favoring married people by imposing on them lighter taxes, paying them bonuses upon the birth of every new child, reserving for them official positions, landgrants, etc...

The present economic system saps the very foundations of the family; that the family survives at all is the best evidence of its wonderful vitality; but it can only keep up its fight for existence by reducing the number of its members. Large families are now doomed to economic and social downfall while childless ones are on the ascendancy. The prevention of conception is becoming more and more practicable at the very time when this overindividualistic, capitalistic change is taking place; and this is why this valuable conquest of progress is fraught with such terrible consequences.

We cannot prevent the use of anticonception means, and for many hygienic and eugenic reasons we wouldn't if we could; we must, therefore, grapple with the second part of the problem, that is to remove the obstacles which make parenthood too onerous.

Certain governments have already begun to favor fiscally large families and to tax more heavily the bachelors and the families which have few or no children. In certain parts of Germany, in the principality of Reuss (the elder) line and in Oldenburg bachelors' incomes are subjected to a graded overtax.

It is unfortunate, however, that the proceeds of that taxation measure revert to the state's treasury instead of being applied to the relief of large families as is done in the State of Illinois. To quote from a report to the Prussian ministry of the interior: "We should encourage early marriages by paying higher salaries to married than to single employees and the income of married officials should be taxed less heavily than those of bachelors. Also married employees should receive a higher housing allowance than bachelors, for, for one thing, married employees are as a rule more settled and more reliable than bachelors."

Hungary has since 1912 granted annual premiums to employees upon the birth of every new child; those premiums are larger for every new child and their payment is continued until the child is 16 or 24 years of age according to the father's position.

Certain communities pay a bonus to large families according to the number of children. In Charlottenburg officials or private servants with more than three children may upon application re-

ceive the following bonuses: 150 marks for four children, 300 for five, 450 for six, 600 for more than six. Workingmen with four children receive 150 marks, those with five children the equivalent of 10 per cent. of their wages not to exceed 300 marks, those with six children 15 per cent. of their salary not to exceed 450 marks; those with more than six children 20 per cent. of their wages not to exceed 600 marks. Children over sixteen are not counted in; also the indemnity ceases to be paid when the family has an income of over 9,500 marks a year.

In Schoenberg city employees with three children below sixteen years of age received a suppliment of 10 marks per month; with four children 12.50, with five children 15 marks, with six 17.50, with more than six 20 marks.

In Frankfurt, city officials receive besides their housing allowance a bonus of 8 marks for two children, of 140 for three or four, of 200 for more than four children.

In Halberstadt city employees with three or four children below fourteen receive an increase in pay of 1 mark 50, those with five or more 2 marks weekly, which sums are paid monthly to their wives.

In Strassburg single workingmen in the city's employ bear a deduction of 10 per cent. from their salaries up to the age of 25, and of 5 per cent. from 26 to 30; out of that fund an extra pay is given to fathers of families: 5 per cent for more than three children below 16, 10 per cent. for four, five or six children and 15 per cent for seven children.

This system can only be applied to people employed in steady city positions. In the case of industrial laborers likely to change their occupation frequently one must rely upon some compulsory system of insurance. But Labor insurance could be so developed that it would insure an increase in the birthrate among the strong and prevent it among those physically inferior.

The German health insurance system already favors motherhood, but to a very slight extent, and much has to be done yet in that direction.

We will have to introduce some time or other a parenthood insurance; for this only will vouchsafe large families the compensation they need, by letting the single or childless contribute to the support of those burdened with many children. The ease with which actuarial computations could be conducted would make this type of insurance simpler and more accurate than any other type. The

difficulty will consist not in establishing this new kind of insurance but in converting public opinion to a belief in its necessity.

Parenthood insurance would give to prolific parents not only material advantages but would be a step towards according them a sort of national recognition.

That recognition is accorded them to a certain extent in Belgium where fathers of families are allowed to cast an extra vote at election time.

The universal suffrage law could very well be modified to permit of such a preferential treatment, for a father could be allowed to vote as the child's proxy until the child became of age. It would be only equitable that large families made their influence felt more deeply in the community than a swarm of shiftless bachelors, for the standard-bearers of culture are not those who have passed certain examinations and climbed a few steps on the social ladder but those who have brought up the largest number of healthy children.

A regrettable cause of shortage in births is due to the existence of a class of women who would make excellent mothers, for they must before receiving their appointment undergo rigid physical examinations: government employees and teachers. Those women cannot or will not compromise their position by marrying or becoming mothers. The only way to stop the shortage due to that condition is to make salaries proportionate to the number of children and to induce early marriages by a differential treatment of single and married employees.

The prevention of conception is especially resorted to by people living in large cities, for nothing is more difficult or unpleasant than bringing up children in barracks-like tenement houses. Real estate speculation has exiled children from the land and the result has been a terrible increase among children of rickets and anemia. Unless we can replace those barracks by roomy and airy dwellings, the birthrate in cities and towns will continue to decline. Furthermore large families are not welcome in certain communities which are afraid lest such an addition to the population might mean an increase of the poor and school taxes; in 1912 the town of Solingen had to provide shelter for many families which were well able to pay rent but could not, on account of the number of their children, either keep their former quarters or secure new ones.

To remedy this condition, the town of Dessau has set apart two blocks of houses surrounded by gardens which are let to large

families only. In October 1913, eighteen families moved into those houses with their 127 children. Rents are 250 marks (62 dollars) a year but a rebate of 8 marks per child is granted to tenants; two other groups of such houses are in construction.

Agriculture is no longer capable of retaining the people in the country and furthermore large farms only employ wandering workingmen, a new danger for our population. A system of national colonization could remedy this; besides the economic advantages such a system would present, it would contribute to the preservation of a physically sound race and stem the ebb in the birthrate. The attempts made by the society for social colonization in Germany have given very encouraging results. Unfortunately this system of colonization encounters a strong opposition on the part of the neighboring communities which fear an increase in their expenses for poor relief and school maintenance.

All the measures we have suggested in order to bring about an increase in the birthrate have also the advantage of promoting the cause of national hygiene. Whatever privileges are granted to large families at the expense of the single and childless ones redound to the advantage of the mother's health and the children's health. Whatever encourages people to marry young raises a barrier against the spread of venereal disease. The housing reform that will bring the country's advantages to the city and the city's advantages to the country will not only make it easier to bring up children but satisfy many of the demands of social hygiene.

The decline of the birthrate will have at least served to promote the cause of social hygiene.

The human animal is again becoming valuable. It is not only the products of industry, but men who now enjoy the public interest. It is no longer finance and commerce which play the leading part in public discussions, but census lore, the science of human economy. The conservation of human material is a public necessity which has as its corollary the fight against all dangerous diseases, the protection of infants and the care of illegitimate children. The decline in the birthrate has detracted our attention from the superficial things of civilization and has directed it to the fundamental thing, the family.

In the future a race will only survive when, *in spite* of its knowledge of all anticonception methods, it presents a surplus of births. This must be impressed upon the mind of every human

being having attained the period of puberty; all the social and political agencies must endeavor to facilitate for every one the fulfilment of his duty to the race.

We must fight the unavoidable dangers consequent upon a regulation of the birthrate by still more regulation. And this leads us to seek the best means to cultivate and foster the will-to-procreate. Regulation of the birthrate is the great trial by fire which every civilized nation will have to undergo in the near future. To shy from such regulation is to imitate the ostrich's policy, to bury one's head in the sand. It is much better to go about it in the right spirit. Chance parenthood due to ignorance is no longer to be relied upon. The two-children system is to be discarded under any circumstances.

The duty of the twentieth century is to satisfy with the minimum of sacrifice and expense the necessities of life which will increase the quality as well as the quantity of our population. The means adopted for the solution of the problem must be in full accord with the dictates of hygiene, with the dictates of the chemical and bacteriological laboratory.

ABORTIVE TREATMENT OF ACUTE GONORRHEAL EPIDIDYMITIS.*

BY OSCAR OWRE, M. D., Minneapolis.

If we review the subject of acute gonorrhreal epididymitis with the object of getting at some good reliable mode of treatment which will relieve the patient of his pain and quickly reduce the swelling and restore the swollen structure to its normal state, we shall come to the conclusion that, in spite of all the methods advocated, the end-result is, after all, one of expectancy.

Epididymitis is by far the most frequent of all the complications of acute gonorrhea in the male. According to J. Simonis it is said to occur in 27.5 per cent, and by Casper in 20 per cent, of all men suffering from gonorrhea. These percentages have, no doubt, been reduced considerably since the introduction of our newer silver salts and modern methods of treatment.

It may occur at any time during the disease, but more often

* Journal-Lancet.

at about the third week or when the disease is at its highest point of inflammation. Early instrumentation, physical strain, alcoholic debauch, coitus, too vigorous treatment, are factors which favor its development. It may be an exacerbation of a previous inflammatory process in the epididymis. Too vigorous massage of the prostate has been followed by epididymitis. Occasionally we cannot account for its onset.

The infectious material reaches the epididymis by way of the ductus ejaculatorius to the vas, and by the latter to the tail of the epididymis. Sometimes, however, the process begins in the tail or head of the organ without infection of the vas being manifest clinically. The gonorrhreal virus is supposed to be carried by an anti-peristaltic wave in the vas.

The inflammatory process gives rise to pain and swelling, fever, and ill-feeling. This usually begins in the tail, then spreads to the head, and finally, but not always, gives rise to fluid exudate or acute hydrocele, rarely to orchitis.

Often, without treatment, the inflammatory process reaches its height at about the fifth or sixth day, and then gradually subsides with more or less thickening and hard swelling in the tail or head of the epididymis. It is this hard nodular infiltration or swelling which, in a good percentage of cases, causes obstruction in the semen channel, and if bilateral may lead to complete sterility. The percentage of cases rendered sterile is difficult to ascertain. Benzler, 1898, says 63.5 per cent become sterile; others claim more or less. In unilateral cases there is of course not resultant sterility but a decided oligospermia.

Of the many methods of treatment, I shall mention a few. They are rest, diet, attention to bowels, careful treatment, suspensory bandage, etc., and prophylaxis is of course imperative. When the attack supervenes, the patient should be put to bed, and the testicles supported high, with hot or cold applications. Ice should not be applied, as it may cause gangrene, and it also favors the development of nodes. Heat is best applied by means of the various poultices. When the disease begins in the tail, a local application of pure guaiacol is often efficient; when in the entire epididymis, the same drug in lanoline, two drams to six drams of the latter being quite efficient to reduce the pain and swelling. Tucker advocates a saturated solution of magnesium sulphate applied as wet dressings for twenty-four to forty-eight hours.

The pains may be relieved, but the swelling goes on its way

until it has reached its maximum. Gradually the exudates become absorbed, and the organ returns slowly to nearly normal, but most often there remains the infiltration which the patient invariably calls our attention to, asking how long before that will disappear.

Some authors recommend multiple punctures. Hagner opens the tunica vaginalis at the junction of the testis and epididymis, and a drain is inserted. The results from this method are better than from the treatments detailed. The vaccines and serums have been used of late with some success. When a patient suffering with acute epididymitis presents himself for treatment, we lose time if we try to have autogenous vaccines prepared, and the stock vaccines may or may not be of value, at least such has been my experience in a considerable number treated by this method. Dr. Frank advises injections of fibrolysin and hot applications. Bier's hyperemia method has not met with approbation.

Dr. Ernest Finger in his discourse on sterility says that the best method to pursue is first to treat a case of acute epididymitis in such a manner as to guard against and prevent hard swellings and infiltrations. He warns us not to use ice applications, for these, while they may relieve the patient, always result in hard infiltration.

All these methods are most often gratifying to the patient, and they all get well in one sense of the word, but they are, *per se*, methods of expectancy, and there is an absolute uncertainty as to how much swelling or infiltration we are going to have left in this epididymis. It is this factor which has induced the writer to adopt a method of treatment which, above all other, seems to reach the ideal.

The method of treatment which I am to detail is the so-called colloidal therapy, or the injection of a colloidal silver preparation into the very substance of the acutely inflamed epididymis.

At first, however, it might be desirable, as well as interesting, to say a few words about colloids. Colloids, or colloidal metals, are suspensions of metallic particles in a liquid medium. These particles are minute beyond description, ultra-microscopic, and when viewed through a suitable prism are seen as brilliant points, animated by Brownian movements. By exact experimental methods it has been demonstrated that the surface of particles in one c. c. of colloidal gold may attain to a total of 600 square metres. These particles have a bactericidal property which is either due to a fermentation or is of a katalytic character, and having

the advantage of such immense contact surface, a small amount injected is capable of coming into contact with an immense diseased area and, theoretically, at least, ought to be of extreme value. Colloids are prepared by two methods, namely, the chemical and the electrical. As an example of the first, I might mention collargol, used extensively of late in cystitis and renal lavage with better results than all the newer preparations of silver. The electrical method has been shown to be more accurate than the chemical. It is a finer suspension and safer to use as an injection. In the preparation of electrargol, the silver is comminuted to the colloidal state by passing an electric spark from one silver plate to another in distilled water.*

This substance in its present state is highly unstable and when injected into an organism becomes immediately precipitated, owing to its contact with the so-called electrolytes, and as a result it loses its value as a therapeutic agent. Therefore, before it can be used it must be stabilized with a solution of a natural colloid of the same electric polarity. After this has been accomplished, it can be injected without the risk of precipitation. These suspensions of precious metals have been used for some years, especially by the French, and are decidedly gaining recognition as valuable agents in the treatment of various diseases, febrile and suppurative conditions.

The value of this agent as an abortive treatment in acute epididymitis was first called to the attention of the profession by an illuminating article by Dr. Paul Asch of Strassburg in the February, 1911, issue of the *Zeitschrift für Urologie*. He began his investigation by injecting the various silver salts into the tissue of the epididymis and was encouraged by far better results than with other methods of treatment. It was not until he used electrargol that the ideal results with a minimum amount of pain and complete *restitutio ad integrum* were obtained. After the drug is carefully isotonized, 15 to 30 drops are carefully injected into the epididymis by an exceedingly fine needle. The point of insertion is best sterilized by painting a small area with tincture of iodine. If the patient can remain in bed for a day it is better, the testicles being placed upon a shelf of adhesive plaster made by running a four or six-inch strap across both thighs anteriorly.

From a limited, yet surprisingly satisfactory, experience with this preparation in the treatment of acute gonorrhreal epididymitis, I wish to report the following cases. I have also included the history and records of two cases treated by me at the City Hos-

* Annals Clin Laboratory.

pital and submit them in the words of Dr. W. J. Kremer, who was at the time senior interne.

CASE 1.—February 20, 1911. C. B., aged 24, able-bodied man; carpenter. His first attack of gonorrhea was one year ago. During the fifth week he had acute epididymitis on the left side. He was in bed six days. Has taken treatment at irregular intervals since this time, but still has the morning drop. Seven days before consulting me he had intercourse and four days later developed swelling and pain in the right epididymis.

Examination: Urine contained pus and shreds. There was very little discharge. Gonococcus present, swelling and extreme tenderness in tail of right epididymis. The left epididymis revealed a large, hard infiltration in the tail and head from the previous attack.

Treatment: Twenty drops of electrargol were injected into the inflamed tail of the epididymis, using a very fine needle. The scrotum was placed in a well-fitting suspensory. He had considerable pain for one and a half hours, but after this the pain ceased. The swollen structure returned to normal at the end of four days, and there was no swelling or induration as a result of the inflammatory process. He was treated for chronic gonorrhea for nine weeks. On May 7, 1911, obeying a previous request, he brought me a condom containing his ejaculatio seminis. In this I found great numbers of spermatozoa.

CASE 2.—March 1, 1911, E. H., aged 22.

History: Denies previous infection from venereal disease. February 10th he developed gonorrhea and was treated by daily injections of permanganate solution by a local physician. February 28th he developed acute epididymitis. On examination, he showed a small undescended testicle in the left groin. Right epididymis intensely swollen and painful. Thirty drops of electrargol injected into tail; 10 drops into head, the injection being encouraged to penetrate into mediastinum as much as possible. Patient complained of sharp lancinating pains for about 30 minutes, but was able to go from the office to his home. There was no further pain, and complete *restitutio ad integrum* was obtained in sixty hours.

CASE 3.—March 30, 1911, C. M., aged 31; traveling man. Chronic gonorrhea of two years' standing. Active gonorrhreal epididymitis of left side following alcoholic debauch. Tail of epididymis enlarged to about the size of a man's little finger. In-

jected electrargol at 5 p. m. That night at 9 p. m. the pain entirely disappeared, and the parts returned to normal in 36 hours. Six days later, upon lifting some heavy bags, the condition returned in the head of the epididymis. Swelling and pain. A second injection of 25 drops was made in the head of the epididymis with brilliant results and no further recurrence.

CASE 4.—September 17, 1911. C. O. F., aged 22; single; traveling man. Had gonorrhea for nine weeks. Still some discharge. I was called to the hotel to see him, as he was in too weak a condition to walk. The left side of the scrotum presented a mass of inflammatory swelling as large as a good-sized fist. The scrotum was tense and glistening, and the mass was exceedingly sensitive and painful. Temperature, 103 degrees; pulse, 108. Duration of attack, three days. Some fluid was tapped from the acute hydrocele. The epididymis was injected with 60 drops electrargol, 30 into the head and 30 into the tail and mediastinum. Pain necessitated a hypodermic injection of morphine. Patient slept most of the night, and the swelling was reduced to normal in about five days with no induration.

Dr. Kremer's two reports are as follows:

CASE 1.—H. M., aged 37; engineer; married; wife and two children. He had gonorrhreal urethritis two years ago, and treated himself. There were frequent exacerbations associated with frequent and burning urination. One week ago, after lifting heavily, he began to have pain in the left testicle, followed by swelling. Condition became worse, and two days ago he had to quit his work on account of the pain and discomfort. Was at home two days without improvement. Comes to hospital for treatment.

Examination: Left epididymis is swollen and hardened; scrotum, edematous and tense; cord infiltrated, enlarged, and tender.

Treatment: Twelve drops electrargol injected into both head and tail of epididymis at 1 p. m. Pain continued for about an hour, when it began to disappear. At 6 p. m. the pain had entirely disappeared and the swelling was greatly reduced. Left hospital at 9 p. m.

NOTE.—Patient had entered hospital to remain an indefinite period; however, at 9 p. m. on the same day that he had entered the hospital, he begged to be allowed to go home, that he might return to his work in the morning.

CASE 2.—C. G., aged 22; elevator operator; single. He had gonorrhreal urethritis five weeks ago, and treated himself. Two

weeks after the onset, epididymitis developed in the right side. The patient was in bed six days, when the swelling and pain began to disappear. Two days later the left epididymis became involved. Was in bed one day and then up and around for about a week, when the pain became so severe that he was forced to stay in bed. After remaining in bed two days without improvement, he came to the hospital.

Examination: Undescended testicle palpable in the right inguinal canal. Left epididymis readily felt as a hardened crescentic swelling overlapping the testicle. Scrotum was red, edematous-looking, and tense. There was extreme pain and tenderness.

In the majority of the cases which I have treated with this method, now 16 in all, a single injection will successfully abort the condition, if it can be made early. In those of longer standing, say three to four days or more, it becomes necessary to make a second and, rarely, a third injection. It cuts short the duration of the disease and will bring the swollen organ back to its normal state, that is, without thickenings or infiltrations, more rapidly and by far more efficiently than any other method so far advocated, with the possible exception of Hagner's operation, which, as we know, requires general anesthesia and is a formidable operative procedure.

Treatment: Fifteen drops electrargol injected into epididymis at 5:30 p. m. At 7 p. m. the patient felt so much relieved that he asked to be allowed to go home. Next morning the pain had entirely disappeared, and the swelling was so much relieved that the scrotum could be picked up between the fingers and folded over the testicle. He left the hospital that day, apparently well.

NOTE.—To the present date I have not made use of this agent in any other condition than gonorrhreal epididymitis, but it seems to me quite reasonable to believe that it may possess a field of usefulness in gonorrhreal joint-affections, namely, the arthritic type where there is involvement of the joint synovia proper and the articular ends of the bone. In the osteoarthritic type the diseased foci would of course have to be located by means of the radiograph. Then it would depend upon the skill of the surgeon as to whether he would be able to inject and impregnate the diseased areas of rarefaction with the preparation.

THE OVERRATED IMPORTANCE OF SEXUALITY.

By DR. E. WEXBERG, Vienna.

IN the discussion of sexual matters we should avoid the use of such words as urge or libido, much misunderstood by both physicians and patients, and which explains nothing. We can discuss hunger without dragging in any fictitious "hunger urge", and yet, biologically, the consumption of food, necessary to maintain life, should be regulated by a more constant urge than sexuality, which to a certain extent is only a luxury. Sexuality does not explain abnormalities; on the contrary, whenever a sexual phenomenon presents something unusual, sexuality as such should be disregarded as a factor; for there is always some non-sexual factor playing a part in the psychology of a case; the best a study of sexuality can do is to throw some light upon the physiological impulses.

The reproduction of the species is not the most important motive of sexual actions; the next motive to be mentioned is physical gratification; and many Freudians are trying to identify libido and sexuality. If gratification is the main object of sexuality how can we explain the infinite variations of sexual life we observe nowadays, sexual aberrations and neurotic variations? For instance the difference between masturbation and coitus is not merely a difference in the amount of pleasure. The difference is psychological. In order to solve this problem Freud assumed the existence of a sort of "antisexuality" or repression which is a concommittant of civilization. The various sexual differences would then oscillate between the two poles libido and repression.

In the act of gratification, however, there is more than a mere physiological fact; truly enough, animals and primitive races are led by the sexual need which subsides as soon as it is gratified; but at a higher stage of civilization individual differences become more marked. The need is there still, but man uses it according to his preferences and mental tendencies. If a woman proves to be frigid, to explain her condition by "frigidity" would be begging the question, it is probable that her attitude to sex from childhood has brought about in her a condition which precludes the possibility of her enjoying intercourse. Likewise the attitude of a syphilophobiac is simply mental; to try to cure him by recommending to him safe preservatives would be a waste of time. We must then devote much attention to the role played by the psychological element.

From the first years of his life the child desires to dominate; he soon notices that man's position is superior to woman's and his first desire is "to be a man". When the child acquires sexual knowledge his first question to himself is: Am I a man? Manhood and sex become synonymous to him. Masturbation becomes to him evidence of his manhood. And we observe that many weaklings, adults that have remained children, have recourse to masturbation every time they meet with disappointment or humiliation. It plays with them the role of a consolation.

We should expect an entirely different attitude in girls. But they too would like to dominate and some of them refuse to be reconciled to the fact of being women; they feel that sex is the weak point of their personality; they struggle against it and thus we find the frigid type.

At the same time when man has to take into account specific sexual functions, there may crop up in him the fear of not being equal to the task. Here again the fear of impotence is the fear of failure. Then several forms of neurosis are observable. Neurotics are afraid of women. Some become rabid antifeminists and stand for the oriental treatment of women; some place woman on a pedestal and consider every woman a Virgin Mary; there is the Don Juan type that conquers woman after woman for fear of being conquered by one; another type takes refuge against sexual perils in matrimony and avenges himself on woman through his impotence.

The neurotic woman strives for equality with man; and she often joins man in his scorn of woman. Whenever woman stands against woman, both sides adopt the man view. But sentimental dialectic sometimes leads both man and woman to scorn manhood; man gives up a role for which he doesn't feel himself adapted. A woman who has failed in her ambitions may place a ban on sexuality. Her struggle against man is a struggle against sexuality. Fear of matrimony translates itself either into frigidity or, if she happens to adopt the man standard, into sensuality verging on nymphomania.

Man himself may at times show the most violent hostility against sexuality. And he will exaggerate his sexuality to the point of blaming it for all his shortcomings. He will exaggerate the consequences of masturbation so as to find an excuse in his indulgence for every one of his weaknesses.

Fetichism, homosexuality, sadism, masochism are in one form

or other an expression of the fear of woman, of scorn towards her or hostility to her. They cannot be explained except as symptoms of a certain personality. For man carries out in his sexual life the psychological conflicts which characterize his whole life.

Let us beware of overestimating the importance of sex. The materialistic direction which science is assuming now more than ever before enables neurotics to blame fate for all their vices and weaknesses. Once upon a time the psychotherapists tried to correct certain mental defects; now we speak of heredity, germinal injury, weak moral sense. The humanity of modern science sentences the patient to incurability.

Physiological conditions can, in certain cases, influence the development of psychosexuality and certain physical defects have a deep influence on the formation of character. That a status thymicus-lymphaticus predisposes the subject to neurosis is a clinical and anatomical axiom. But it is perhaps the only physiological factor which would enable us to establish an etiological connection between sexuality and neurosis.

It is not the patient's sexuality but his attitude to sexual questions which is the main factor to be considered, and which can be utilized in making a diagnosis. The sexual organs are simply tools of the personality that uses them.

We have no right to isolate our sexuality and be satisfied with calling an action a "sexual action;" we might just as well ascribe to our hand automatic impulses which our will is not able to control.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

PORNOGRAPHY.

By PROFESSOR BRUNO MEYER, Berlin.

I wish to repeat at the beginning of this article a statement I have made many times and which seems to have attracted no attention whatever in spite of the fact that it hits the nail squarely on the head.

When some good sport after indulging in copious libations lets loose his store of juicy anecdotes till the tableful bursts into uproarious laughter the penal code and the courts take no notice of the incident. Let him, however, jot down his stories, reproduce them in some form and then distribute them to his boon companions, and he will be "in for it."

Such an illogical attitude is indefensible from any point of view whatever; what should be done to accord both cases uniform treatment, what rule should be followed in both cases to eschew the charge of childish thoughtlessness, is perfectly obvious.

One might ask the following question: How is it that even men of the most cultured and refined type will suddenly evince a craving for ribald pleasantries on sexual subjects, overlook for the time being all the limits of decency and properly wallow in the most unadorned facts of nature? On such occasions we see people who otherwise would always command our deepest respect join heartily and unreservedly in this form of merrymaking.

An earnest and profound thinker like Christian von Ehrenfels sees in this an evidence of the failure of our present sexual ethics. I do not deny that such a statement contains a great measure of truth. But I think that the real psychological connection between the facts has been lost sight of.

That tendency to cynicism, that revelling in indecency, what Ehrenfels calls "the enjoyment of the swinish" is due to the fact that in the exercise of his sexual functions man is not, like the animal, the willess tool of an unreasoning instinct, but meditates as much about the incidents of his sexual life as he does about everything that concerns him and affects him.

The domination of that instinct is in many respects, however, something rather depressing, for it is really humiliating to seek one's gratification or to miss it terribly, when there is no "regular" means of satisfaction at hand; and therefore a very natural reaction takes place against that instinct and we make light of the master that tyrannizes over us.

Whether we show more refinement or more vulgarity in that reaction and resort to witty allusions or to thoroughly coarse jokes makes very little difference and it is very difficult to draw the line anywhere in particular.

We know, however, that in all ages men and even the greatest of them have derived pleasure from that sort of thing. If my memory serves me well I think I read somewhere that Bismarck would now and then feel the need of reading some risky novel in order to relieve the stress of his mind continually applied to one subject.

We know that certain passages of Goethe's "Tagebuch" and of his "Faust" not only border on the obscene but greatly overstep the bounds of decency.

Poets and prose writers of all times who gained a world-wide fame as cynics or erotic writers, Aristophanes, Martial, Ovid, Boccaccio and Machiavelli, to only cite the first names I can think of, prove my point conclusively.

The only correct attitude to assume toward that sort of thing is to treat it like the very matter to which it refers, that is one should exclude it severely from the public intercourse of polite society but not attempt to drive it out of existence.

We should not even try to suppress the worst excesses in that line for the boundary line that divides art from vulgarity can never be determined easily in real life, not even by a man like Goethe. Furthermore, the interest in those things even in the highest literary and artistic circles is a very material one, and is also a means of gratification for people who try to gratify more or less exclusively the material need with or without "a high interest in art of science."

We should treat pornography as we treat prostitution with which it has many relations and a certain similarity. Both should be considered as necessary evils, due to the insuperable weakness of human nature; neither can be successfully dealt with by violence and tyrannical repression, but by developing man's intellectual and ethical education, not to forget his esthetic education, so that the demand and supply for the obscene decrease simultaneously.

The more pompous the attitude we take in this matter, the more ridiculous the fight against the windmills appears, in the course of which the fighters fare as badly as the defunct knight of La Mancha.

Besides the damage they occasion and which from a human point of view is deplorable, such unintelligent attempts to suppress obscenity have a very unpleasant result; they make their victims an object of interest and sympathy and they attract the public's attention to subjects which should be mentioned as seldom as possible.

But talking of those things is fun, a fun which we must do without in other places where it would be even nicer.... Let's stop crying over it.... The people who enjoy those things (as far as they go) are at least more honest than those who raise a rumpus about them.

THE EUGENIC SIGNIFICANCE OF THE ORGASM.*

DR. M. VAERTING.

IN general orgasm means the voluptuous sensation brought about by coitus. In the following discussion it is important to remember that orgasm is not necessarily an accompaniment of sexual intercourse, but may not occur at all with normal intercourse. This possibility is entirely different in as regards the man or the woman.

In the case of the man a certain amount of sexual excitement is necessary for the act, otherwise the erection is lacking and there is a failure of ejaculation which is always present in his case with every normal sexual act. The orgasm coincides with ejaculation. Complete absence of sensation is therefore unthinkable in the man's case, at most the voluptuous sensation may be diminished. In the case of the woman the act may be completed in the normal manner without any excitement on her part whatever. In other words orgasm is an essential accompaniment in the case of the man, tho the degree may vary, whereas, in the woman's case it is merely a possible accompaniment. Hence dyspareunia, lack of voluptuous sensation in coitus¹, is classed as one of the sexual diseases of the female.

The consummation of orgasm which is indicated in the case of the male by the ejaculation is characterized in the case of the female by the uterine reflex which ejects the mucous plug from the cervix. (1) Thus while in the case of the man the ejaculation and the coincident orgasm must be present at every normal coitus, a faulty development of the woman's sexual excitement may prevent it occurring at all in her case. Since however the absence of orgasm in the woman involves the absence of the uterine reflex, with the coincident expulsion of the utero-cervical mucous plug, such absence is a more serious matter in the biologic-eugenic aspect of the matter.

The relation of these physiological processes of the orgasm to the actual fertilization is in its outlines well understood. But we have not considered hitherto the question of the importance of these uterine mechanisms for the most favorable conditions of fertilization in its relation to eugenics.

In order to show the influence of the orgasm on the course of

* Z. Sexualwissenschaft, II, 185, 1915.

¹ Dispareunia is not merely lack of voluptuousness; it is a disagreeable painful sensation, in woman, during coitus. W. J. R.

the fertilizing process we may briefly sketch the known facts regarding orgasm and conception. Kish (2) calls attention to the folk tradition that an orgasm in the woman was essential to conception and that in its absence conception was hindered or prevented. He adds a number of cases and says: "In fact the coincidence of dyspareunia and sterility is so striking that I must accept an etiologic relation at least in a number of cases." Kish (3) investigated 69 cases of sterility and found that 38 percent of them showed faulty development of voluptuousness. Duncan (4) found 31 percent of such cases. Eulenberg (5) says: "Anaphrodisia (lack of desire or inability to experience orgasm) is a common cause of sterility. This is readily understood when we recall the important role which a more active participation on the woman's part due to excitement plays in the conditions of fertilization. While we can not go as far as some authors who hold that conception is impossible where the woman is entirely passive, it is nevertheless probable that the absence of these reflexes render more difficult the passage of the spermatozoa into the uterus and may entirely prevent fertilization."

Rohleder (6) says: "I believe that aside from azoospermia resulting from bilateral epididymitis, no other factor is so often responsible for childlessness as faulty voluptuousness. If azoospermia is the most frequent cause of male sterility, surely dyspareunia is the most common cause where the woman is affected." The case of Maria Theresa tends to confirm this probable relation between orgasm and conception.

If one considers the sexual apparatus one sees that each and every part of it is concerned with aiding fertilization. While the whole process is not clear we may safely assume the following processes to accompany orgasm (7). There is a peristaltic contraction of the vagina which holds the mass of semen against the mouth of the uterus, as well as strong movements tending to press the semen into the uterus. In these peristaltic contractions not only the vagina, the cervix and the lower part of the uterus but also the entire uterus is apparently involved. The uterus during strong excitement, and assisted by the abdominal pressure, rises further into the pelvis, the mouth of the womb sinks lower, is opened by the uterine muscles, and ejaculates a small amount of secretion from the cervix. At the same time a sucking action is induced in the slightly opened mouth of the uterus, which results in the introduction of some semen into the uterus. Rohleder (*loc.*

cit.) is of the opinion that this aspiration is the more powerful the greater the sexual excitement. In addition to this assistance must be added the action of the ciliated epithelium of the cervical canal. Summarizing the chief results of the voluptuous sensations we may note that they cause: 1. The contractions of the vagina; 2. Reflex uterine activity with the corresponding aspirating action; 3. The mucous plug; 4. The activity of the ciliated epithelium; 5. An increased temperature of the entire genital apparatus.

The purpose of these processes is not solely the mere making possible of fertilization. Their nature indicates a double advantage. First the spermatozoa are assisted to get into the uterus and immediately after ejaculation. Secondly the sperm is enabled to reach the ovum with the least possible effort. The whole process has as its purpose: *The combination of the sperm with the ovum as soon after ejaculation as possible, and what is of the greatest significance, with the least possible expenditure of its own energy.*

We may now take up the significance of this process for eugenics.

In normal coitus the penis empties the semen at the mouth of the uterus or thereabouts. The cervical plug here assists since it has an alkaline reaction. The remaining semen is destroyed by the acid reaction of the vagina. This sperm-destroying action of the vagina makes certain that those spermatozoa which have a long journey to travel in order to reach the uterus shall not take part in the fertilizing process. Only those deposited near the mouth of the uterus have any chance to reach the ovum, they having the shortest distance to go, and as will be shown later this factor is a significant advantage for the resulting combination. Also the vaginal destructiveness has the further purpose of preventing the less healthy spermatozoa from fertilizing. Since in case of sexual weakness and where the probability is that the spermatozoa also are unhealthy, there is a reasonable certainty that the spermatozoa instead of being deposited at the mouth of the uterus, will be deposited lower in the vagina and destroyed. This eugenically favorable action is furthered by the circumstance that such men can not as a rule arouse any great amount of sexual excitement in the woman so that the favoring action of the cervical plug is also lacking.

The distance which the sperm must travel in order to reach

the egg can be accomplished on its own energy, since every spermatozoon is mechanically so constructed as to be able to work its way to the ovum and combine. (Waldeyer, 8.) This however is a distinct disadvantage to the sperm and consequently to the product, and for this reason:

The entire energy expended by the spermatozoon must be taken from its own stock of cellular energy, without the possibility of renewing it, since after the ejaculation the spermatozoa are separated from the semen in which they lived. Thus the spermatozoon is without nourishment during the time between ejaculation and amphimixis. The female genitals in so far as they are rendered alkaline by the cervical plug allow the sperm to exist, but only for a relatively short time because of lack of nourishment. Thus the sperm starves to death after a few hours or days in the female genitals. Of itself the semen is reasonably tenacious of life so that the sperms* live almost as well outside the female genitals as within. Kisch (9) says: that a good healthy semen if properly protected from light and cold will show active spermatozoa twenty-four hours later, or longer. Thus the sperms live no longer inside the genitals than outside, because of failure of nourishment.

During this time when nourishment is lacking, the sperms must travel a distance which in proportion to their size is extremely great in order to reach the ovum. For doing this work the sperms must rely upon the energy contained within themselves, without the possibility of renewing it. The energy loss of the cell between ejaculation and amphimixis will be the greater, the greater the distance it has to travel. The less the assistance resulting from the female activity, the greater expenditure must the sperm make in overcoming the distance. The longer the time between ejaculation and amphimixis the sperm being without nourishment.

Iwan Bloch (10) has already called attention to this fact. "With the progressive evolution of the many-celled organisms and the corresponding differentiation of various parts of the body it became necessary to develop new and more certain methods of reproduction than the original process of fission. This became the more necessary since, with the specialization of the other organs, the originally self-sufficient reproductive cells became more and more dependent on the rest of the organism for nourishment. It became necessary to shorten as much as possible the time between

* Sperms (in the plural) is used interchangeably with spermatozoa; sperm (in the singular)—with semen.

the separation of the reproductive cell from the parent and its combination to form a new individual. This is accomplished by the development of apparatus which insures a certain and rapid union of the sex cells." Therefore the greater the energy loss of the sperm in its journey to fertilize the ovum, the weaker it will be when it arrives. The eugenic advantages of an intense orgasm which throws the whole uterine mechanism into action should be obvious. The path of the sperm is much shortened by being sucked up into the cervical canal. The activities of the sperm are greatly assisted by the cervical plug, the motion of the ciliated epithelium, and the increased temperature of the genital apparatus. Wernich is even of the opinion that the cervical plug itself is at a higher temperature, which increases its favorable action on the sperm. All of these processes serve to assist the forward movement of the sperm and to diminish the intervening time between ejaculation and amphimixis with a correspondingly smaller loss of energy to the sperm itself.

The more intense the assisting action of the female genitals, the more vigorous will be the sperm at conception and the more satisfactory the resulting product. First, because the more vigorous the sperm, the better for the resulting product. Secondly because a weakened cell will be less able to carry through the conjugating process. The physiological phenomena of orgasm may also serve to prevent injury to the spermatozoa. According to Orth (11) changes may occur in the sperm in the time between ejaculation and conception. In agreement with this Hensen (12) states that during the movement of the spermatozoon a change was observed in the shape of the head as well as when it was entering the egg. Grohe (13) was of the opinion that a contraction of the head was essential to the movement of the sperm. His observations were evidently made on spermatozoa which were wholly dependent on their own energy for their motion. It is quite possible that through exhaustion the cell may degenerate and that this would be first visible in the headpiece. Since the headpiece is the bearer of heredity, a degenerative change there would be of pathological effect on the product of conception. It seems not improbable therefore, that the entire absence of orgasm at the time of insemination may be a cause of pathological phenomena in the offspring.

A confirmation of this proposition may be seen in the following: The repeated bearing of children is not without its influence on the genital organs of the woman, and it is precisely those organs

which are concerned with the sperm-expediting activity of orgasm which suffer most. The glands of the cervix undergo a cystic degeneration. Rohleder states that after several births the cylindrical epithelium of the cervix is replaced by the ordinary flat cells. At the lower end of the plicae palmatae papillae begin to form and after many deliveries the cylindrical epithelium is replaced by the flat variety from the mouth of the womb as far as half way up the cervix, which renders conception more difficult." Thus after several births the woman is no longer able to expedite the semen unweakened into the neighborhood of the ovum. Thus after numerous deliveries the sperm is more and more dependent on its own exertions to bring itself in contact with the ovum, so that conception occurs with much weakened sperms to which cause we may attribute the inferior quality of the resulting product. If this assumption is correct we should expect to find that the later children were less able and that the disability might proceed as far as degeneration. This diminished quality of the later offspring has already been established. It has been observed that *after the fifth to seventh child there is a distinct decrease not only in the physical but also in the mental capability of the children.* There are many data as to the increase in morbidity and morality with increasing numbers of births. Geissler and Gruber observed that after the fifth child there was a decrease in the vitality of the children; Bluhm and v. d. Velden, from the seventh; Brehmer and Pippingsköld found that with the seventh and often with the fifth there was a diminished productive capacity of the parents and a greater sensitiveness to tuberculosis. As to talent, geniuses are usually among the first four children and only exceptionally of later order of birth. In Marr's list of the pupils in the Hamburg Hilfsschule he found that all the pupils were later in order than the fifth child. Römer in his study of Uranismus found that the perverse child was usually the last. It appears therefore that with increasing numbers of births there is a steady deterioration in the bodily and mental quality even as far as pathological developments. It need hardly be mentioned that the number of births is not the only factor involved. The injurious effect of advanced age of the father is well established.

After all, one can no longer doubt that the sperm-assisting action of orgasm in the woman is of very great importance to the quality of the offspring. A physician who is aware of racial biology and eugenics must feel bound to disapprove any methods

of conception which omit the production of orgasm in woman. We may refer to some of these. Thus we may properly disapprove of all conception later than the fifth. Even should orgasm occur the changes in the female organs are so great that they can not but exercise a deleterious influence on the offspring. Women must not marry too young. It has been fully established by sexologists that most young wives are in the beginning of their married life frigid. The cause of this is a too early marriage. Women often marry at a time when their sex impulse still slumbers and feels no desire for exercise. The danger of conception without orgasm is particularly great as regards the first child. Herein lies the explanation of the fact that the first born is seldom as capable as the later children. This last fact has been established by Pearson, and Heron. In agreement with this Groth showed that prior to the twenty fifth year conception is less readily brought about, as far as concerns the woman.

Furthermore, only those men have a right to fatherhood who are able to induce in the woman the highest degree of voluptuous sensation. On account of frequent change of female partners, through bought love or sexual excesses; masturbation or increasing years, the man's power in this direction is diminished. Such a man even if able to perform a normal coitus should if possible not be allowed to become a father, since an inferior father can only beget an inferior child.

For similar reasons artificial insemination must be regarded as undesirable, since orgasm does not occur and also there is an appreciable loss of time between ejaculation and amphimixis.

Rohleider offers some substitutes for the lack of orgasm in artificial fertilization. 1. The wife must be brought to as high a pitch of excitement as possible. 2. Injection of the sperm within the first two days after menstruation. 3. The end of the syringe to be inserted within the cervix. For obvious reasons the first suggestion seems little apt to succeed. Our present knowledge does not permit a conclusion as to the value of the second. The third suggestion offers certain advantages, though we must admit that the absence of cervical secretion, epithelial activity and lower temperature of the genitals are disadvantageous. In every case there must be a distinct weakening of the sperms and since this weakening can not be compensated we must regard artificial fertilization as a crime against eugenics.

The recognition of the eugenic value of orgasm answers an

ancient discussion, that is, as to the effect of love on the quality of the offspring. Some insist that it is without effect while others attach much importance to it. Although these views are contradictory, there is some truth in both. *Love between the sexes being both physical and spiritual a complete harmony of both is the ideal. The spiritual is without direct action on the offspring while the physical is of the greatest importance, since it determines the degree of sexual excitement and therefore the power of the orgasm induced. Physical love is of the greatest import to both sexes, since it enables the man to fulfill his function of inducing the maximum of voluptuous sensation in the woman. Only the strongest sensual love will enable the man to meet this requirement.*

It has been customary with many people to give the first-born precedence, apparently merely because of his being first. There is a biological justification of this in that the first born are the more apt to be love-children. But this probability occurs only when the parents at a suitable age come first together. Since this condition seldom obtains in the majority we, nowadays, find the firstborn as often a curse as a blessing.

The eugenic significance of orgasm also explains the different course which orgasm takes in the two sexes. Most sexologists agree that orgasm is more tardily achieved in the case of the woman than in the case of the man, and that it lasts longer. The eugenic advantage is obvious. In man the maximum is reached at ejaculation after which he has no further influence on the seed. Here the slower and more extended phenomena of the woman assist the course of the sperm over an appreciable time. There is another advantage in that the slower passing of the phenomenon increases the blood supply to the sex organs. The more slowly this increased blood supply is withdrawn the more easily is the fertilized egg nourished. The nourishment of the ovum through the first few hours is more important for the future of the offspring than as many months at a later period.

It is well known that the female throws obstacles in the way of a too speedy union. This form of love-play is usually regarded as due to a feeling of shame. It is merely Nature's way of providing that the sexual excitement shall reach such a degree that orgasm will surely occur with the corresponding eugenic advantage to the offspring. There is the further reason that in order that the advantage of a slowly diminishing excitement, with its advantageous effects on the early nourishment of the ovum, may occur,

there is required an equally prolonged period of preparation. Every rapid union without the preliminary love-play on the part of the man leaves the woman cold. Through her coquettishness the woman gains the necessary time to reach that degree of excitement which is so necessary and advantageous to the offspring.

1. Die Zeugung beim Menschen.
2. Das Geschlechtsleben des Weibes.
3. Die Sterilität des Weibes.
4. Die Sterilität der Frauen.
5. Sexuelle Neuropathie.
6. loc. cit.
7. loc. cit.
8. Geschlechtszellen. Handbuch der Entwicklungslehre, Hertwig.
9. loc. cit.
10. Das Sexualleben unserer Zeit.
11. Über die Vererbung individ. Eigenschaften. Kölliker's Festschrift.
12. Physiologie der Zeugung.
13. Archiv für pathologische Anatomie, 1865.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

APRIL, 1916.

No. 4.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEXUAL ABSTINENCE AND MASTURBATION.

BY DR. FRITZ WITTELS.

ABSTINENCE before marriage is maintained either with the aid of masturbation, or without it. The former eventuality is never mentioned, for it might hurt the propaganda for continence. As in the overwhelming majority of cases continence is accompanied by masturbation (which makes the venerophobiacs of to-day and the anchorites of the Arabian desert kin) the case for continence is not accurately stated when we neglect to mention masturbation. A limit is set for normal sexual gratification by certain physical conditions. The possibility of overindulging and the habit of overindulging, however, are what makes masturbation dangerous.

Whether it is excess or mere indulgence in that practice which brings forth the various disorders consequent upon masturbation, such as apathy, headaches, stomach troubles, neurasthenia and melancholia is a purely medical question. Self gratification, however, has a deep sociological import. Other voluptuaries give something of themselves; the masturbator is a sexual egoist; he reverses the Biblical saying and proclaims that it is good for man to be alone. This, however, would only be a slim charge to bring against the onanist. Nature cares little about a few drops being spilled out of her melting pot and she straightens out deviations from the norm without giving a thought to ethical principles. It seems, however, as tho onanism and misanthropy were two inseparable things. Whosoever can enjoy sexual pleasures without the participation of another human being withdraws into his shell like a clam. Even Jupiter came down from his throne when he went lovemaking. He was a kind god. Masturbation destroys kindness as surely as love brings it out. The worst of

tyrants is the masturbator who cannot even be mollified by a woman's influence. He is the super-miser.

What it behooves us to fight is not so much onanism itself which is a personal matter and nobody else's business, but the point of view of the onanist, his abstinence from woman. At the first awakening of the sexual urge all men masturbate. Women are hard to secure and young men are bashful. Then some of them secure mates as they conquer the worlds and the weak ones are left out in the cold. Burning with envy and hatred these call morality to their help. They for one thing expect to be rewarded in an after life for their purity; and then they escape venereal disease. But syphilis is not the most terrible of life's dangers; it is only the most obvious. For love has made men suffer more than syphilis has. Whoever loves a woman will suffer thru her.

There is a vital difference, however, between the man who for fear of venereal infection gives up love's pleasures and the mere masturbator who, too weak for the trials of love, abstains from sexual intercourse. For what help could one expect from such a man in the fight against diseases which cannot infect him, which he may even consider sneeringly as meet retribution for normal indulgence?

We shall not cavil about the question as to whether there are, besides young children and old men, continent people who do not masturbate. The masturbator, however, is also mentally abstinent. The natural ardor which finds no outlet in masturbation must be deflected into some other channels and when it reaches its climax it becomes fanaticism. And then there arises, according to the man's temperament or power, either a harmless stamp collector or a Torquemada.

Partisans of premarital continence recommend the practice of sports as a derivative. This may hold good in bourgeois circles, but what of the thousands who are being treated in free clinics for venereal diseases, altho in factories or mines they work themselves to death? Sports may be helpful to those who wear out the carpets in the reception rooms of physicians, for bureaucrats and for idlers. An athlete dead-tired after a period of training, a cavalry officer who has exhausted ten mounts, fall into bed and do not think of woman. In fact they think of nothing whatsoever, they become stupid animals and nobody will eulogize football champions as the ornament of the human race.

People with a regular occupation can only indulge moderately in physical exercise, taking a trip on Sundays, playing tennis or skating after hours; those diversions simply serve to cheer up men and women who keep their eyes open and enjoy each other's company. In fact sports in which men and women take part are the nicest little matchmakers. [Wittels says: panderers.] On the other hand, athletic clubs returning to their home town, or soldiers on a furlough do not shine by their continence. The anchorites leading solitary lives in the desert never even thought of seeking in physical exercise a protection against sinful desires. They found in fasting, waking and flagellation better means of lowering their vitality and consequently their sexuality. Those who are today warring on syphilis can hardly recommend such practices; they seek not to lower people's vitality, but to hold the sex urge within bonds. The problem is complex. Real men must have love. Youth can do just as little without love as without food and drink. And Venus smiles upon sport, for physical exercise makes men strong. Sport does not foster continence; it is too healthful for that.

Besides, the chastity movement is likely to work a great hardship upon the women, for if the men go in for continence, the women have no hope of ever escaping the slavery of sex. The women have now and then demanded that men remain chaste until marriage, but that demand was never very loud, nor did it find much echo. It is to the women's interest that the men live their life normally: for the chaste man is unable to understand woman; he either idealizes her or reviles her, because he does not know her.

In women continence brings forth many evils. It drives them to seek masculine occupations, makes terrorists out of them and hysterics. This is their first revenge. To be shot by a hysterical woman is not so bad; to be slowly plagued to death by her is worse. And, now, behold the fear of syphilis calling into being a masculine form of hysteria! Abstinence cranks will not do away with syphilis; but thanks to them specialists in nervous diseases and psychiatrists will have their hands full. And then women covet of no man avenge themselves—revenge number second—by growing ugly. [Which Wittles says should not worry us overmuch, but which does worry the Editor a good deal. It is a pity to see nice girls turning into sour angular old maids.]

Very fortunately Nature bothers very little about ethics and eugenics; one spring day will kill off more ethical principles than

all the wiseacres could manufacture in a whole year. The chaste are and will ever be a dwindling minority. One of the dangers of the chastity movement, however, is that it may find a fertile soil in ground already tilled by the pious. Then we will have official continence and secret lovemaking; and secret diseases will become more secret than ever and the official world will have no sympathy for the unlucky ones. The chastity movement will have only one result: to increase our hypocrisy, and the spread of venereal diseases.

If we could only admit openly and frankly that we all go lovemaking before and after marriage, if it was really shameful not to have a mistress, society would care for the victims of love and honor them as we honor the warrior wounded on the battle field. [Phew!] If love before marriage is shameful, venereal diseases are also shameful and the infected ones are despicable. How illogical those are who in their desire to kill off syphilis demand the registration of every case and yet preach continence! The patients would fear the physician likely to report them more than they would syphilis; they would allow themselves to be eaten up by the disease rather than to brave the public shame that would make life impossible for them in bourgeois circles. Without registration of cases and compulsory treatment we will never stamp out syphilis: before we can introduce such necessary measures, however, we must conduct a campaign of education. Instead of preaching continence we must teach the powerful influence of love, the value of caresses and the dangers of asceticism. Then a syphilis bill providing for registration of cases could be introduced. Under the present conditions, however, to treat syphilis as an ordinary epidemic disease would present many dangers. Society catches the diseases it deserves and cannot be cured by statutes.

The sexual urge is not merely what the preachers of continence represent it, a phenomen of the lower abdominal regions. The physician who prescribes abstinence as a preventive of venereal disease just as he would prescribe boiled water as a preventive of cholera, puts the sexual instinct on a par with alcohol and tobacco, abstinence from which is not detrimental but rather beneficial to body and mind.

That spirit has created some of the worst horrors of our times, the terrible situation the girl mother, the illegitimate child and the prostitute find themselves in. The penal code takes no notice

of extramarital relations and, therefore, the self-righteous welcome pregnancy and infection as adjuncts to the penal code. But he who escapes both is simply like the thief who has not been caught.

As far as prostitution is concerned it is only the idiot who will insult the prostitute. Love is woman's currency. She repays with love whatever is offered her, be it cash money or her upkeep for life in the form of marriage. As long as marriage exists the prostitute will be despised because she is too cheap. Women hate prostitutes because they underbid them and the men scorn them because the supply of them is too large and their price too low. In our society built upon marriage there is nothing to be done to help the prostitute. She is the female proletarian. We can measure the humane feelings of our modern society from the fact that it puts the prostitute on the same level with the born criminal. And why? Probably because she lives from the continuous breakdown of the continence theory. The only way to reclaim the prostitute is to erect anew the altar of Venus and to declare it honorable to worship her in any form whatsoever. Then woman will have a personality of her own and no longer be something lower than an animal. For it would be better to be a dog than a human being which another human being embraces with disgust.

We reach then the conclusion that abstinence produces a disgruntled self-centered type of fanatic and crank. It increases neurasthenia and robs youth of the only means to forget the emptiness of life. It militates against woman gaining her sexual freedom, damns the girl mother and her child and lowers the prostitute below the level of human dignity. It develops unhealthy instincts in woman, and drives her into the masculine professions. The woman's beauty and personality which thrive on man's desire are thwarted by it. Considering the force of the sexual urge, continence can only be fostered in a small measure. Therefore the puritanical spirit only increases hypocrisy, impedes the fight on sexual disease and promotes the spread of syphilis and gonorrhea.

I hear the continence cranks howling: "How can anyone say that we minimize the importance of love when we bespeak love unto death for the first and only bride?" They advise people to marry young. It has been proved, however, that marriage does not constitute a safe protection against venereal diseases.

Out of a hundred cases of infection treated in free clinics 20 patients had been infected after marriage and many specialists con-

tend that the proportion of venereal cases is still higher among the well to do. Continence cranks may well retort that marriage with side escapades is not what they preach but this type of marriage is what we must reckon with in real life. The traveling man is unfaithful out of want, the sedentary man out of surfeit.

As long as the proportion of disease does not reach 50 percent marriage can be considered a protection, altho not an absolute one, against venereal infection. And then why wax so enthusiastic over a protection which is only relative? Why not rather point out to young people the misery of poor families in which a child is born every year? A father is merely a provider. Character building, pursuit of a career come after that. That does not chime in with the popular adage: Early marriage, long happiness.

As far as love itself is concerned, let's cast a retrospective glance upon the nations where the family was held most highly, the ancient Romans, Germans and Jews. They married young and adultery was almost unknown. But we also are told that the mates didn't even know each other before marriage. We may then assume that the matchmaker plays a great rôle when people marry young. Love comes later. This is spoken in all earnestness. A healthy young fellow who has never loved will love any woman that comes his way: provided, some may say, that she is not unattractive; but at that age every woman is attractive. Let every man remember who his first love was and in almost every case it will turn out to have been a rather poor specimen of humanity. The matchmaker should not be dismissed contemptuously for he can at least forestall the worst.

We must estimate rightly the actual value of that first love. We assume that a young human being, ignorant of the world and shifting with every wind will settle rightly such an important question and turn into the right direction as infallibly as a magnet turns to iron even when it is concealed under non-metallic matter. Mates that found each other at an early age love each other and never repent for having married young, but this is not love at its highest. The first love is not love: it is an infantile disease one has to go thru. To judge the intensity of a love one should ask not how long it has lasted, but how many times the man had loved before. There is no doubt but Goethe had for Frau von Stein an affection which was, if not warmer, at least more conscient and more valuable than for the Gretchen he tells us about in *Wahrheit und Dichtung*. On his last love for Ulrica von Levetzow we shall

not pass any judgment. Old age and adolescence are alike; anything that is young attracts them.

The position taken by the continence cranks is indefensible even on sentimental grounds. It is life and love which build up personality in both sexes; men are moulded a little more by life, women a little more by love. The tender chick that has only taken one step in life, to pass from her parents' house into her husband's amounts to very little; she hasn't lived. Troubadours didn't marry young and when they married they never celebrated their own wife in their poems. Hearth and heart do not always get along so very well. Passion vanishes and what is left of it cannot soar high, at least not over the boredom of everyday life. Adipose comfort, ignoble contentment, bourgeois smugness, these are the pillars of society; but why mention love in the same breath?

With our point of view syphilis leads us around a vicious circle. Warnings to the young will do little besides creating a generation of neurasthenics worrying themselves to death. And then it is easy to give warnings, but we will not find it so easy to tell children that their sexual impulses are nothing to be ashamed of and should not be repressed. Are we to explain to our girls how they can ascertain whether a man has a purulent discharge? This mere suggestion makes us indignant. Our girls are decent girls. In decency they must go thru pregnancy and be milchcows, in decency they must bear their inflammation of the vagina, in decency they must rot alive. A day will come when we will consider it more important to impart that sort of information to the young than to teach them the history of literature.

And if some one asks me now what suggestion I have for saving mankind from infection and undesired conception, I shall say that as far as conception goes a stroke of the pen would remove that peril. As far as infection is concerned, it looks as tho men had never wanted to get rid of it. The measures adopted in times of epidemics, if applied to the whole world for several years, with the cooperation of every physician and of every government would stamp out syphilis for ever.

Before we can accomplish such a feat we must first become pagans. The hatred of venereal diseases will only become strong enough when the absolute necessity of caresses is recognized and the sacredness of love in any form has been embodied in a sort of religion. There is nothing unethical about loving a woman of the street. The only trouble is that nowadays her lover must be either a god or a pimp.

Syphilis is so completely bound up with what we call morality that we will never get rid of it until we get rid of our so-called morality. And then to some people their chastity ideal is more important than the fight against syphilis. We must then pin our faith to the Medical Profession. With the help of a vaccine they could save the moral concepts of to-day. But they would get little money for their research work. Who would dare to confess that he had himself vaccinated to escape the diseases consequent upon our present morality?

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEXUAL CAUSES OF DIVORCE.

BY GEH. JUSTIZRAT DR. HORCH, Mainz.

THE following remarks have as a basis my experience in some hundreds of divorce cases extending over thirty years practice as an attorney. Only from the standpoint of sexual science can we hope to understand the general laws back of all these special cases. It is true that most judges and attorneys do not regard this science with favor, in fact they speak of it with contempt and at best regard any discussion of it as bad taste. As a young attorney I was once defending a dangerous criminal and I tried to show that he presented the criteria of a defective in the sense of the then young Lombroso school and was not wholly responsible. The old judge warned the jury against letting themselves be influenced by the teachings of this firebrained Lamberini of whose work he was evidently completely ignorant. Things are but little better today. There are not lacking many judges who reply to the testimony of the psychiatrist "this man talks sensibly, how then can he be insane?" Similarly in sexology most jurists divide the most powerful of human impulses into merely "allowed or not allowed." But human fate really lies between these limits and only by a careful study can we hope to arrive at an understanding. However personal and subjective my remarks may seem, I offer them in the hope that they may add something to the understanding of this very difficult subject.

That sexuality is the prime factor in divorce needs no demonstration here. Tho marriages are often contracted for other reasons, social or financial, sex is still the fundamental relation

* Archiv für Sexualforschung, 1, 42, '15.

which determines the outcome for better or worse, and that regardless of age or physical characteristics. A young man may marry an old woman and while the sexual activity may be indeed limited it is never absent. And the same is true of those numerous unions of beautiful and ugly, handsome and deformed. Ideas of beauty are indeed various but the male impulse being the more active and compelling will fulfill itself even under the most unfavorable conditions. We meet daily, pregnant women of such exceeding ugliness that a normal man can not understand how it could happen. Yet so irresistible is the male desire that it does so act. The woman's role being the more passive an unsympathetic relation is the more readily tolerated. One clever writer has said that if the same physiological preliminaries were needed by woman that are required for the man, most marriages would never be consummated. Since no such preliminaries are needed by her, woman's sexual activity seems to be unlimited even toward the most disgusting of men. Even where the marriage to such a man shows all the ear marks of legalized prostitution she seems to have no great difficulty in fulfilling her function in this regard.

But these particular phenomena fade into insignificance in comparison with the effect of sexuality upon the quarrels which lead to the breaking down of the marriage relation. If this cause is not at first sight apparent it is because divorce cases are handled in a routine procedure. Our laws allow as grounds for divorce: adultery, incest, unnatural practices, attempted murder, desertion and insanity with certain limitations, and "if the defendant has so injured the marriage obligations, or has by such immoral or dishonorable conduct destroyed the relation that the plaintiff can not be encouraged to continue in it." This it usually expresses as extreme cruelty and inhuman treatment. Certain limitations of a further paragraph of the law greatly restrict the action of this clause. It is urgently to be desired that the old Prussian right to divorce for incompatibility and the civil right on grounds of mutual consent be again legalized. An unprejudiced observer will admit that unhappy marriage not only injures the parents, but has even a greater evil, effect upon the bringing up of the children. This becomes the more evident where the children become divided in their allegiance and take sides in the constant family quarrels. I have frequently observed that where a divorce was secured the children fared immensely better.

As long as the grounds for divorce remain so purely formal

we can not hope for much enlightenment in the matter of the real causes. At present all that is required is a few witnesses who can testify that an adultery was committed, or that gross brutality be shown and the wheels go round and one party is adjudged to be to blame. The evidence which might show the real cause and the real blame is never before the court. In most cases both parties are to blame. Frequently a study of the real facts would show that the party who secured the divorce was really at fault.

For a complete elucidation of the blame the judge has not the evidence and I believe that a conscientious attorney to whom the plaintiff opens her heart would be better able to pass upon the question of responsibility. But most attorneys regard these cases as merely formal procedure and are content if enough evidence is available to secure a judgment. This attitude works injustice. A careful observer will soon be forced to the conclusion that an inequality of libido is the primary cause of practically all divorces. It is frequently asserted that the first estrangement occurred on the wedding night and is due to the brutality of the man, that his conduct could only be described as legalized rape. But this is only true of certain cases of men wholly lacking in refinement and sympathy. The same charge is raised however, in many cases where the man was both refined and considerate. In most cases of course, any incongruity of impulse is finally adjusted, but where this does not happen divorce is the usual result. There may be other causes asserted but back of them all lies this lack of equality of impulse.

The credible assertions of many clients leave no doubt in my mind that many women are sexually indifferent and remain so throughout marriage. They may fulfill their conjugal duties, but too often it is only a duty and where they develop a certain amount of excitement they yet never experience a need in the sense that a man does. Women who before marriage have developed a strong tendency to self-gratification respond with difficulty to the demands of their husbands and the husbands complain that the women continue this practice in marriage and even give it precedence over the normal relation. When such a woman marries a man sexually vigorous differences are sure to arise which penetrate into all parts of the home life. The man reproaches his wife with coldness and she him with undue insistence upon his desires which wounds her self-respect. In such cases the everlasting nagging set up makes a reconciliation difficult. Even worse is the case where the woman

is of the higher potency. In one case of mine the bride boxed the groom's ears on the wedding night because he did not gratify her as often as she felt entitled to.

The commonest cause of divorce—adultery—has as its origin this inequality of the impulse. The unsatisfied party seeks relief elsewhere for that which marriage has not brought. Usually the man's appetite for variety has been well developed before marriage and his opportunities are naturally greater and the risk of detection less. Without defending him in the least it is at least more easily understood why he so frequently goes astray. The civil code does not recognize the husband's adultery as ground for divorce unless it is consummated in the actual residence of the wife. Those who do not view life from the standpoint of a dogmatic morality have no doubt that the formal treatment of divorce cases according to our laws frequently lead to results which are far from edifying. Occasional missteps by the husband are not always sufficient to secure a divorce, yet in other cases a single adultery brings divorce and the penalizing of the husband even where the judge knows that the marriage had long since ceased to be genuine or whatever mitigating circumstances were present. Not infrequently those adjudged guilty are excellent husbands and fathers and can not at all understand why they should be singled out to bear the whole blame, when the real cause was the mismatching. When Schopenhauer said that adultery on the husband's part was natural, because he could exercise his natural function at any time, while the woman could bear a child only once in nine months, he stated merely the superficial side of the question. Much more significant are the inner circumstances. One can safely say that misconduct on the wife's part strikes deeper into the relation than that of the husband and a return to the former condition of her home life is for her practically impossible.

We must not forget that in law adultery requires an actual union of the genitals. Such a fact is difficult to establish so that in practice most complaints are brought under that paragraph which refers to anything which can be summed up as indecencies. As long as this actual union of genitals can not be shown the law does not admit adultery no matter how great perversions may have been shown. In fact divorce can not be obtained for perversities on the husband's part, in comparison with which adultery would be respectable.

One of the commonest causes of adultery and divorce is the

practice of coitus interruptus. The desire to limit the number of children to the economic means or social convenience leads to this method of contraception which has the advantage that it requires no previous preparation or expense. In this connection we must regard the attempt to limit the sale of those articles which have this contraceptive function as not only abortive since such sale is negligible in comparison with the practice of coitus interruptus, but also as foolish and dangerous in so far as the same means are necessary for combatting venereal disease.

In talking with many women I have been struck by the fact that the married troubles first began after the birth of one or two children. Careful questioning soon brought out the fact that this was the time when coitus interruptus was first established as a regular habit. The effect of this practice on the nervous system of one or both of the partners is unmistakable. The watchfulness required to interrupt at the right time puts into play a large number of emotions which make impossible that feeling of complete detumescence which is necessary. More distressing is the case of the wife, who is usually left unsatisfied and who very probably then begins to seek in masturbation the complete gratification which was denied her. The physical irritation as well as the nervous distress forms a background for the whole of the married life and results in constantly increasing irritability which ultimately lands the unfortunates in the divorce court. At times, I have been able to restore the happiness of a threatened family by a suitable regulation of their sex life. In this same connection a recent court decision is of importance. It was adjudged that the refusal of the wife to allow coitus without the use of contraceptive measures should be held as grounds for granting a divorce. As a matter of fact the use of such measures to prevent divorce would seem of more importance than the encouragement of coitus interruptus.

With great frequency the sexuality expresses itself in perverse forms which give rise to the complaint. Such perversions as long as they are of a heterosexual kind are as common in marriage as coitus interruptus. Sooner or later every one of them is met with in practice. While such facts are communicated to the attorney [and the physician] they are seldom presented in court because they are not actionable in law. It is impossible to obtain witnesses to such misconduct and therefore such facts cannot be successfully put in evidence. Nevertheless they are common enough that marriage among other things may be regarded as the breeding ground

of this kind of perversity. Most frequent of all are cunnilingus and fellatio. These practices are very common in the less worthy marriages. Even if a good deal of hypocrisy is present at times in the wife's complaint and she is herself frequently quite as perverted as her husband, nevertheless one can but feel sorry for the physically delicate and refined woman who is forced to such loss of self-respect when the law does not allow her any relief whatever.

Twenty-five years ago cunnilingus was described as a perversion imported from France which had not then attacked the healthy body of our people. To-day it is widely practiced in all classes of society from the lowest to the highest. In one of my cases a young farmer's wife complained that her husband used this method exclusively, even stopping her in the midst of her daily work in order to gratify his lust. In another case the husband complained that his wife would allow no other form of gratification.

Sadism and masochism are also exceedingly common. Biting and scratching are the most usual forms, and in one of my cases the physicians discovered numberless tooth marks on the thighs of the wife where the husband had expressed his sadistic tendencies. Another sadist used to shave his wife's pubic hair and then have intercourse when the friction of the new growth caused her exceeding pain. I have also met many masochistic cases. One woman induced her husband to have relations with one of her friends in her presence which raised her to a pitch of highest excitement. In another case a spiritually eminent but wholly perverted man used to place his wife in situations where she had to receive advances from other men which proceedings he watched through a special peep hole in the door, afterwards gratifying himself. I believe the woman's assertion that the husband often tried to induce her to let other men use her while he looked on, but that she declined.

I have not met any case of bestiality in my own practice, but one is recorded in the *Archivs für Kriminalanthropologie* where a man forced his wife to submit to this horrible perversion.

Less frequent than the heterosexual perversions are the homosexual variety, at least as factors in divorce. When a homosexual marries, the perversion remains and if it never becomes a public scandal it merely means that it remains buried in the bosom of the family. I cannot agree with those writers who assert that a homosexual marriage with a normal woman can be happy. I recall one

such case where ultimately the husband committed suicide but his wife assured me that their life was very unhappy. Still less frequently the homosexuality of the wife leads to divorce. Bisexuality in women is more easily overcome than in the case of men while her passivity in the sexual act makes it less a matter for complaint. I had one case where the wife submitted to her husband but obtained her own pleasure from cunnilingus which she practiced upon a woman friend.

In what has gone before I have tried to show some of the relations between sexuality and divorce. With one exception all of these cases are from my own practice though I have naturally picked out the more striking illustrations of the vagaries of this impulse. But if in one man's practice so many cases occur, how widely diffused must be the causes in question! Schiller spoke of that gigantic fate which if it raises a man up also destroys him, and shall not we say of love that it destroys man if it does not elevate him? We should not forget the great number of normal happy marriages where slight incongruities are adjusted with time to some kind of harmony. But for the rest, one part drifts into the divorce court, another is held together by social or financial reasons. With these we can hope for improvement only from a better training in discipline, more knowledge and increased culture. Even then the incongruities cannot be wholly avoided, nor can the perversions and degradations, but many cases of lifelong unhappiness could be avoided by a better understanding of the nature and possibilities of the sexual impulse. We should not forget that the recent unparalleled prosperity of our nation has bred luxuriousness and laziness. May the present great crisis clear the air and refresh us with those primitive virtues: self denial and self control.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEXUAL ALTRUISM.

BY B. S. TALMEY, M.D.

THE line of demarcation between the physiological and pathological is nowhere less distinctly drawn than in the realm of sex. The borderland between the normal and abnormal in the sex-emotions is of a very wide extent. One of these emotions, occupying a position on the borderline, is sexual altruism.

In a general way, egotism and altruism, although supposedly standing upon the opposite poles of the compass, are yet closely related. There is always an egotistic trait behind every altruistic act. Egotism finds satisfaction in its own enjoyment, while altruism finds its gratification in contributing to the well-being of others. Both are in the last analysis concerned with the gratification of the ego. Both the miser and the generous aim at obtaining a positive "lust-effect." But while egotism has no concern for the others at all, the main concern of altruism is the happiness of the others. The contentment derived from a certain action is hence no criterion of altruism, but the degree of enjoyment derived from this action by others determines its altruistic or egotistic motive. When the other obtains the main pleasure or happiness from the action while the actor himself finds his gratification in seeing the other enjoying the fruit of the act, then such an act is altruistic in nature.

Erotic altruism hence does not mean lack of gratification altogether, but the source of the derived satisfaction must be the contribution to the libido of the other, while the actor himself remains more or less sexually indifferent. His own happiness is of a general nature, akin to the contentment of the philanthropist when contributing to the well-being of others. When the happiness of the actor is also of an erotic nature, then the act ceases to be altruistic.

The criterion between erotic altruism and egotism is hence the sexual libido or orgasm. The party which does not experience this libido and still participates in the sexual activity to please the other party and afford it erotic libido is actuated by altruistic considerations.*

Erotic altruism will mostly be found in the female, while absolute egotism is only possible in the male. In the erotism of the female there will always be found some altruistic trait. The physiology of sex requires from the female a certain degree of altruism in her normal sex-life. The male does not necessarily

* If A. and B. are playing a game of ball, and A. enjoys the game, his action is egotistic. B. who is not enjoying the game at all and only plays to please A. because without his participation the game would be impossible, is altruistic, no matter whether he finds some gratification in pleasing A. The enjoyment derived from the game itself is the criterion whether the action is altruistic or egoistic.

The sister of charity administering to the sick and poor also finds great contentment in her work and expects moreover some thing beyond, still her work is pure altruism.

need to have any consideration for the emotions of his partner. Her passivity brings it about that an indifferent, unexcited, unwilling, disgusted and even a hating female may participate in erotic activity. But the male, to effect union, needs for his erection the erotic excitement by the female. Without male excitation by the female there is no erection, and without erection there is no union. An indifferent, unexcited or unwilling male is an impossible partner. The male does not need an excited female, he needs only to think of himself, he can afford to be egoistic in his sex-life. The female has first to arouse the male desire, she must consider the state of his excitement. She can only experience erotic libido, when the male participates in the enjoyment. She can only taste by being tasted.

This condition is the basis of coyness and coquetry found in the females of all higher animals. The female, in the mating stage, asks and refuses at the same time. She simulates resistance. This coy resistance serves to increase the male voluptas, and his increased desire increases her libido. Coyness and coquetry have thus become sex-determiners, transmitted by heredity. Amorous sportiveness of advance and withdrawal, or erotic coquetry, is the natural instinct of the female throughout the animal kingdom, the human female included. Fleeing to invite pursuit is one of the feminine arts. The human female also consents while refusing. Woman plays with the man, coquets, trifles, allures and goads him. But in the woman, to the instinct of coquetry, is added the emotion of modesty, founded upon the law of obstacles (*vide Talmey "Woman"* 7th edition, p. 242). In this way her manoeuvres and designs of exciting the male become highly complicated.

To arouse male desire she must display her physical charms. But modesty forbids her the display of the very parts of her body which are erotically exciting and excitable. Modesty commands her to cover these parts, one way or other. Hence she has to take her refuge to the most subtle contrivances and artifices in dress and adornment. She has to display her person yet be covered. Her feminine nudity has to be veiled in a manner to intensify masculine desire. She bends all her energies upon the enhancement of her attractiveness by the cultivation of the physical charms which have a provocative effect upon the onlooker. She is highly solicitous over the luxuriance of her hair, fineness of her skin, rotundity and lines of her alluring bosom, thinness of her waist, smallness of her hands and feet. All these seductive lures

serve to evoke the male desire for her body and arouses his yearning for her. She attributes the highest importance to the increase of her physical beauty, to personal adornment, to the enhancement of her charms and to the display of her aphrodisiac lures through dress, finery and adornment. Her constant solicitation is the care of her body and the matter of her toilet. By these means she is capable of stimulating male desire for her and succeeds in provoking man's sexual powers. This aim may be hidden to her conscious ego. The intention to bring her charms into the contest for his favor may only dwell in her subconsciousness, still it is at the foundation of the cultivation of her physical and mental charms by means of which she wishes to draw the man to her.*

The constant solicitation for the cultivation of her own body results in creating in her a certain sexual superconsciousness, a certain kind of egoism. She becomes more egocentric than the male. When he meets with the female he unconsciously asks himself, is she attractive enough to excite me? and she asks the same question, am I attractive enough to excite him? Her physical attractiveness is of the greatest importance to both of them, his is of no consequence to either. Her ego is of first consideration, his of secondary importance. His sexual activity in life is only a small wheel in the economic machine, her activity is a mechanism in itself. When she succeeds in her activity to provoke man's desire for her, she experiences a degree of happiness second only to the real erotic libido. She considers his excitement a tacit homage paid to the irresistible nature of her charms.

The satisfaction of the woman in having erotically excited a man is hence a physiological trait of the normal woman. It is the contentment found in having finished successfully the preliminaries and having prepared the smooth pathway for the continuation of the drama. This secondary rudimentary satisfaction of the woman represents the normal "altruismus sexualis."

When the woman's psyche and fantasy find complete gratification in the preliminary activity, or in the erotic altruism, without giving any thought to the final act, then the emotion has crossed the borderline of the normal, she is moving within the confines of the pathological.

Erotic altruism is especially found in the relations of some

* The real reason for taking in food, the maintenance of metabolic equilibrium, is also hidden to the average man.

women with youthful persons, known under the name of puerisation. In this activity the woman experiences great satisfaction in sexually exciting boys. In the pronounced case of sexual altruism she will allow the boy all kinds of perverted practices on her, where she herself does not find any gratification in the practice itself, but in the conviction of having given him pleasure. If an emotion has reached such a degree, it has crossed the boundary line of the normal and has entered the realm of the abnormal.

The following histories are representative of pathological sexual altruism.

A young teacher returned home late in the evening and noticed through the open window of a boarding-house, on the opposite side of the street, a number of college students amusing themselves at a game of chess. As soon as she lit her room, she saw them hurrying to their window to observe her doings. This thing greatly amused her and she pulled the shade down only so far as to still allow her admirers to have a good look of what was going on in her room. She then began to undress and took an unusual long time in taking off every piece of apparel, giving the boys a chance to enjoy themselves. She especially took her time while doing up her hair dressed only in her night gown. The faces of her observers, eager to see every movement of hers, caused her to linger at her toilet considerably longer than usual. When she finally had enough of the game she did as if she had only just noticed them and, with simulated modesty, pulled down the shade entirely.

The following evening the light in the students' room went out as soon as hers was lighted, but she could see the boys looking through their dark window. Thereupon she repeated the same game as in the previous evening, offering to the boys' gaze even such intimate parts of her anatomy, as modesty would otherwise command her to hide. She then went to bed with the satisfaction of having contributed to the enjoyment and welfare of her fellow-men. This game went on for several months each evening until she got tired of the play and stopped abruptly.

At the first glance it would appear that the play of this young teacher was only a girlish prank. Every woman loves to test the influence of her charms upon men. But the normal woman, once she has tested this influence, will soon drop her admirer if she herself has no erotic interest in the game. Here the young woman continued her manoeuvres for months in order not to deprive the young students of their nightly pleasures. Moreover the normal

modest woman will never forget her modesty so far as to expose to the gaze of men those parts of her body which every woman is anxious to hide even in the presence of her female friends. Still a young, cultured, modest girl lays all her native modesty aside and plays the perverted antics of the exhibitionist, because forsooth she accidentally discovered that her charms afford erotic pleasure to a few young men she personally did not even know.

The following is the history of a true case of puerisation.

A young woman, mother of a baby of ten months, while dressing one afternoon to go to a moving picture show, hears a knock at her door. When she opened the same, just far enough to see who it was, she found it was her neighbor's eight year old boy who came to deliver a message from his mother. Although only partly dressed she let the child in into her flat. The child's startled look at the half dressed young woman, his sparkling eyes and flushed face made her guess what was going on within him and amused her greatly. Still she stimulated ignorance, took the boy on her lap and asked him for the cause of his excitement. The boy immediately began to caress her neck, shoulders and bosom. It was a regular show to see the boy amusing himself. So she did not go to the show on that afternoon. She had a show at her home.

The following afternoon the boy called again with the excuse of wishing to play with the baby. But instead of playing with the baby he put again his little arms around the mother's neck and began to caress and kiss her. The young woman could not see anything wrong in her actions. She was satisfied, by being able to give the boy pleasure without any trouble to herself. This play went on for several months until she moved away to another part of the city.

The remark of this young woman that she had a regular show in observing the pranks of the eight year old child clearly shows that the satisfaction she experienced was not of an erotic nature. The first afternoon she was only amused at seeing a child's erotic voluptas, excited by feminine charms. Her satisfaction was in no way different from the satisfaction she would have found if she had gone to the show. Later on she found gratification in being able to give the boy the pleasure he so greatly enjoyed. Her emotion was akin to that which any person may feel when he sees the happiness of a child over the box of candy he just

handed him. No erotic libido came into play in her case. She was happily married, loved her husband immensely, and worshipped her child. The least trace of libido would have been considered by her a betrayal of her husband and a humiliation to her child. As it was she gloried in the kindness of her heart. It was, therefore, a plain case of erotic altruism.

The following is even a more flagrant case of puerisation.

A young woman, mother of a little girl of two years, is spending the hot summer months with her friend in the country near a lake. One day she and the friend's little son of six years were bathing alone in the lake. While basking themselves in the sand on the beach, the child attired in Eve's costume, fell asleep. Lying on his back on the hot sand, the mentula assumed the erect state. This phenomenon in a child of six years greatly amused the young woman, and attributing to the child the same emotions as she found in the adult, when the mentula is in the erect position, she bent over and practiced fellatio. The boy began to smile, and the young woman noticing his contented air continued her practice till the child awoke and became aware of the source of his libido.

After this event the child came daily into the woman's room to be amused, and the young woman complied with his wish by all kinds of manipulations with his mentula, because she saw the child greatly enjoyed her practices.

This young woman was happily married to a strong, healthy handsome and kind man with whom she was passionately in love and who spent with her every week-end in the country. Her erotic needs, never exaggerated or very urgent, were thus completely met, by the path of normal marital relations. Still the quiet, modest young woman, out of altruistic motives, assumed the role, otherwise only found in erotic starvation or in nymphomania.

The following case of erotic altruism shows how *perverts* may be bred by the ignorance of domestics.

A young maid in a well-to-do respectable family, one evening, while entering her bed lets awkwardly something fall which awakens the ten year old boy who was sleeping in an adjoining room. The boy in his fright rushes into the girl's room. To allay his fright the girl innocently takes him into her arms and lets his head nestle close to her bosom. Soon she notices the boy beginning to toy with her mammae. This childish action greatly amuses the young girl, and noticing the boy's libido from these caresses she lets him have his innocent pleasure, even allowing him to osculate the mam-

mæ. From this moment on she had the fun of receiving the boy's calls every evening. Not to spoil his pleasure she allowed him the most intimate contrectations, stopping short only at cunnilingus. At the same time she herself did not experience the least trace of erotic libido. The only satisfaction she derived from these nightly visits was the satisfaction of affording the boy his innocent enjoyment. These visits went on for quite a while until one evening the boy's mother discovered the boy leaving the girl's room and made her quit her service.

In this case the only proof that it was erotic altruism which induced the girl to allow the boy the intimate contrectations is her own assurance that she herself had no feeling of pleasure in his manoeuvres. On the contrary, she claims that the thing greatly annoyed her because the boy often tried to practice cunnilingus, and she had to struggle to repulse him. Still her own words do not need to be believed. The histories of servant-girls and governesses who seduced their wards for their own sensual pleasures are reported by many sexologists. But these stories were told in the course of the anamnesis, later in life, by the victims themselves. Such seduced boys always retain some anomaly from their early practices, which they relate to their physicians. The girls themselves are, later in life, ashamed of their early doings and will rarely reveal them. This woman, on the other hand, unhesitatingly told herself this story of her early life, without the least embarrassment, showing that she herself remained frigid and hence considered herself innocent of doing wrong. She thought, that she was doing a good thing in letting the boy amuse himself.

The following case shows that sexual altruism will not rarely go to the last consequences of the emotion.

A lady, forty years of age, while taking leave from her friend upon whom she had called, one afternoon, takes also leave from her friend's son, a boy twelve years of age, with an affectionate kiss. The boy returns this caress with a buccal kiss. The strangeness of his behavior awakens the lady's curiosity to know more about the boy and she invites him to call on her when passing her house going home from school.

The boy did not wait long with his call. The following afternoon he came to see his mother's friend. By way of experiment she offered him again her lips, and the lingual kiss made again its appearance. This amused her so that she allowed him to

practice his favorite caress for almost two hours continually. From this day the boy called almost every afternoon regularly. Not to spoil the boy's pleasure of whom she was always very fond, she allowed him not only the kisses but all kinds of intimate caresses. One day when the boy called, she had just left her bath-tub and was lying on her lounge in the same attire as Leda shows herself with the swan on the celebrated picture. In his excitement the boy threw himself upon her. Again the desire to please the boy made her forget her feminine chastity, and she initiated him in the mysteries of the *Venus vulgivaga*. These practices were repeated several times a week for over a year until one day ejaculation took place. Fearing impregnation, she broke up her relations with the boy by leaving the city.

Now this woman was suffering from idiopathic frigidity. In her erotic activities since her marriage, when twenty years of age, she never experienced the least trace of libido in her marital relations. The same frigidity prevailed in her association with the boy. Hence her relations with him represent a pure case of erotic altruism.

These and similar stories were related in the office-privacy during occasional talks to mothers on the necessity of instructing children in matters sexual. When mention was made of sexual precocity and of some mothers' confusion between ignorance and innocence, these stories were unhesitatingly narrated by way of consent. The women did not consider themselves guilty of any wrong, because they did not experience the least trace of libido at that time. If they did they would have kept their secrets in the innermost recesses of their bosoms.

For the first time the women's attention was called to the fact that instead of having contributed to the well-being of the boys, they actually wronged them. Before the enlightenment they considered themselves benefactors. It is characteristic of the human mind to regard a questionable action sinful, if committed for one's own benefit. If the women had experienced any erotic libido they would have become conscious of their reprehensible acts at that time. But having acted for the well-being of others, they considered their doings more of a virtue than a vice. The general ignorance prevailing about matters sexual was the cause that they were entirely unconscious of the ruinous effects their actions may have had upon the boys. They considered themselves real benefactors. Theirs were true cases of erotic altruism.

The analysis of these cases shows that this altruism stands within the confines of the pathological. The exhibitory antics of the first patient do not constitute a true case of the perversity of exhibitionism. In exhibitionism the goal is the orgasmic acme, either the spontaneous or by masturbative help. In our case no such thought or desire ever existed. Neither can this case, where the male part is entirely ignorant of being observed, be considered an ordinary flirtation. In a flirtation the erotic sense messages are mutual with the conscious or unconscious aim of the gratification of one or both impulses of the sex-instinct. Flirtation is the preliminary skirmishing in the play of the sexes. The tactile erotism observed in the moonlight caresses, is not a preliminary act any longer. It constitutes the act of coirectation, the first and important part of the love drama. The moonlight activity thus pursues its own object, while ordinary flirtation has no end in itself. When the immaterial messages bring on an orgasmic attack, we are in the presence of erotic starvation or of hyperesthesia.* An ordinary flirtation should constitute the preliminary for the main activity and not form an object in itself. In our case the patient had no other object than to let the boys enjoy a sight-sensation. Her emotions are more akin to the emotions of the pornographic writer or artist. Where the mercenary motives can be excluded, the pornographic representation of the *vita sexualis* is in a certain way a kind of erotic altruism, in which the writer finds his satisfaction in arousing the desires and in affording libido to his readers. Our case is not coquetry either. For coquetry is the outcome of a desire to satisfy, on the immaterial plane, the instinct of sex. Our patient had no erotic object in exposing to the masculine gaze those parts of her body which modest women are careful to keep always veiled.

The other cases show their pathological ear-marks not in the pedophilia but in the exaggerated desire of conferring erotic libido upon children. In the anomaly of pedophilia the woman experiences an urgent erotic need to satisfy the instinct of sex by means of

* Those who have the right understanding in such matters may observe a woman dining with one man and at the same time keeping up a flirtation with another man, at a distant table, in the dining room. Suddenly she drops her eyelids, the face becomes flushed, her body languid, and a light tremor goes through her nerves and muscles. The conviction of having aroused the man's desire for her has brought on an orgasmic attack. The same thing may happen to the man. But such people are not normal any longer.

the seduction of an innocent child. In our cases the patients' own erotic impulses do not come into consideration at all. They only wish to confer joy on others. The egotistic part is entirely absent. The necessity of the normal female to arrange her bodily charms in the best way to evoke male desire for her has an egotistic basis. This necessity has created in her a certain subconscious feeling that her physical charms ought to be displayed in a way as to be delectable both to behold and to taste. Our patients find their satisfaction in allowing others to taste without participating in the enjoyment. Their emotions therefore deviate from the normal desire to please and to enjoy.

12 West 123d St., New York.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SOCIAL ASPECTS OF ASCETICISM.

BY DR. LEOPOLD VON WIESE.

THERE is a notable tendency for modern literature to differentiate between the sex impulse and spiritual love, not only quantitatively but also in its very essence. Thus in the case of Weiniger's friend Emil Lucka, Margarete Susman and others such a differentiation is attempted. That ancient tendency of the mind to view the world and man dualistically is here much in evidence. It is not new and expresses the course which European culture has taken, namely, to establish an impassable chasm between sexual emotions and the so-called spiritual love. There is allowed at most a resigned tolerance to the earth bound ephemeral animal called man while we find a melancholy striving towards the completed ego considered as a disembodied spirit which is contrasted with the gloomy material desires of sexuality. This division appears in the writings of many centuries and is not less marked in the speech of our own time. Since the realm of the erotic is chiefly entrusted to them, women strive continually toward the ennobling of this dominion. But in tradition, ennobling and disembodying are regarded as synonyms so that women gladly defend the rights of the heart as against those of the flesh. Centuries of tradition have accustomed men to praise the spiritual and unworldly as opposed to the materialistic. In general this dualism is accepted as almost axiomatic.

The conception of love as a great human value will certainly not be denied, I leave that belittling to others if they wish. In what follows we shall be more concerned with defining a conception than in founding one. It is more my purpose to present a problem, formulate a question and to suggest possibilities for its solution. Let it be also remembered that this dualistic conception whether true or false, markedly limits the sexual sphere. It presents a conception of sex which resembles a sturdy tree which has been robbed of its crown—strong tho rather rotten and rifled of its fruit. The practical result is that the inclination to abstinence and strong social activity find support in this. Since if increased love stands in opposition to sexuality then there is all the more reason for mastering the senses and one reaches the conclusion that sexuality is the path downward. Thus the thoughtful and sensitive man can see only shame in sex. Such shame is indeed more or less a display. On the other hand there is another shame, namely, that a cultured man should be able to regard the foundation of all life and of his very existence in so pessimistic and unworthy a manner. This betrayal of life and nature appears to such a man the less tolerable since it oversteps the field of sex and influences the whole view of life. We may call these persons nature lovers or worshippers. Such cannot conceive of any culture or any ethic as having other than natural origins, still less as being in opposition to nature. Since the existence of the individual and therefore of society comes under the rule of pleasure-wishing they can imagine no other force comparable with the sex impulse for completing and refining, for gathering up all the possible sources of beauty. To such an one the attempt at a forcible suppression, at hindering by regarding love as immoral, to regard it in fact as a socially negative value seems absurd. They conceive an unascetic life as wholly compatible with all good, with altruism, humanitarian sentiments and even a god fearing religion. They cannot allow the amalgamation of sex with the concept of immorality. They grant that sex may be evil if it be evilly handled but they do not recognize an unethical criterion in the mere fact of sex. To such asceticism appears not as an ideal and least of all a higher plane toward which we should strive.

Such a point of view recognizes the right and duty of society to regulate the expression of sex in so far as it affects the community relations. As to methods and degree there may be differ-

ences of opinion. But the nature lover will seek to so build up the social structure that it is not contrary to the laws of nature. He will introduce no unnatural regulations which revenge themselves on the social organism. He recognizes such regulations as moderation, physical culture, and eugenics. He would also seek for aesthetic standards and refinement. But always the sex impulse means for the nature lover a positive good, a life force, and a higher value.

However true this view may seem to us nature lovers we realize that it is not so common but what we experience twinges of loneliness at times. Opposed to us stands the everlasting propaganda of asceticism which assumes a halo to belong to asceticism per se. At first it is an absolute prohibition then usually a compromise with exceptions. It may appear as a moral requirement, or the care of children or for combatting immorality but always it plumes itself on its self assumed halo. It is most impressive the way it appears in all religions which rest on a pessimistic view of earthly existence. Thus we see it in Christianity, Buddhism, the Brahman and Jewish cults. It reappears in many ethical and philosophical systems. Even more striking is this desire for asceticism, for purity and sinlessness, in the case of individuals often in striking contrast with the earlier life of the individual. Such seek freedom from desires, lose themselves in abstract contemplation or perhaps in social service. Pretence is of course not always to be excluded. Now the question which I wish to raise is whether this desire for self denial is in the case of healthy men a natural biological development or is it of a sociological nature? That is, is it deducible from transient social conditions? We will leave out of account the obviously pathological cases. It may be that this desire to mortify the flesh arises at certain times in the course of the physiological life as in old age or due to certain changes in the circulation or nutritional disturbance. If it does, then it will outlast our civilization, and reappear in all religions and ethical or social systems. With it it will bring its burden of confusion and sorrow. Or is it perhaps due to ancient social conditions and traditions?

It is not permissible to separate nature and culture arbitrarily, or biology and sociology. Ethical notions which have existed over a length of time will not be without effect on the physical life especially when as in this case, they bear directly on the activities of the individual. On the other hand, conventional restrictions cannot indefinitely stand in opposition to the laws of nature.

As a consequence we find all sorts of compromises. Differences in temperament, in predisposition, nervous sensitiveness, or racial differences, all enter to confuse the problem. Truly the facts of asceticism are strangely compounded. Their elements are in part physiologic-biologic, in part sociologic and ethical. Nevertheless it should be evident that from a natural and hygienic standpoint the facts of asceticism appear as perverse and unhealthy, whereas the sociologic and ethical restriction of the sex impulse to the limits of a pure monogamy is regarded as normal. In this case the social influences seem stronger than the physiological.

Is there then a natural healthy abstinence? As a natural phenomenon the satisfaction of desire follows the course; stimulation, ecstasy and discharge. But the tendency toward abstinence need not be due to satiety. A sound physis implies a flow and ebb with a regular renewal of the desire. To me neither abstinence nor its opposite—an unrestrained licentiousness which many suppose would result were the conventional restraints abrogated—seems to correspond to the natural law of a healthy man. Every psycho-physical analysis of man shows that the sexuality of man penetrates into even the most spiritual phases of the ego. The most spiritual emotion, the most unworldly religious ardor is influenced by the sexuality of the individual. (I do not refer to the fantastic and superficial division of mankind into sadistic and masochistic.) It does not seem probable that the natural impulse of sensation and will drive man to denial and abstinence. Where the will to abstinence appears in healthy men we must look to social conditions for its origin. Such tendencies may have origins outside of the actual milieu of the person and appear as genuine psychic impulses of the individual ego.

I must refer to the biologists and particularly the physicians to answer the question whether there be any physiological need for suppressing sexual desire. The answer is obvious. Where the will to asceticism appears in healthy men the origin must lie in the social order. By asceticism I do not mean merely the abstention from sexual intercourse but that whole conception of sex as evil in itself, as immoral and a defect. We must include also in this conception prudery, cynicism, in fact the whole idea of sex as a negative moral value. Looked at in this way one observes that we live in an eminently ascetic age. The common complaint not to say scolding, about the laxity of morals is not a proof of the absolutely false assertion that immorality has greatly increased.

Rather is it a proof that the ascetic ideal has grown. These ideals led astray rather by fantasy than by experience, react upon a more keenly sensitive conscience than in any previous age. The individual finds himself puzzled in the midst of conflicting impulses and ideals. The novel and the drama present many examples. Schopenhauer's "renunciation of the will to live" and Wagner's Parsifal might be cited. I am not unconscious of the fact that such general judgments concerning the present time are subject to criticism but it may suffice if I have indicated that there is a great deal of asceticism about and that we regard striving towards renunciation as an ideal.

Where then, is the historical origin of this ideal? One can follow it back through the sorrowful centuries to its origin in the primitive ignorance of the race. The earliest religions knew it not, nor did the earliest social codes. Only when the human spirit began to conceive of life after death do we find doubts expressed with regard to sexuality. Primitive priestly influences which have never ceased to act, stand at the beginning of this long melancholy development. (See Edward Carpenter's Intermediate Types among Primitive Folk.—Tr.) These intermediaries between mankind and the next world naturally regarded all things earthly as a hindrance to future bliss. It was also natural that the impulse which bore most directly upon life on earth (and in which the priesthood was deficient—Tr.) seemed their greatest enemy in their struggle for the human soul. Voluptuousness seemed to them the fundamental evil. It would be interesting to trace this attempt to blacken the reputation of Eros through its variations in the early stages of culture and its compromises and later developments until the dualistic conception of man took firm hold upon his heart. Similarly it could be traced not only in religions but also in many philosophic-ethical systems with their contrasts of the things eternal with the tawdry conceptions of the world the flesh and—the woman. In all of them we find the assumption that asceticism is a virtue in itself and without regard to any possible end. And so the conception has developed that there can be no salvation spiritual or temporal but that which is paid for by the mortification of the flesh.

It may be doubted if a mere ideal would be able to enforce this lasting dualism. Rather we may suspect that the organization of the family and state could not have been completed without some

tendency toward asceticism. As I have elsewhere pointed out: the political motives for asceticism can be accounted for by the conditions of primitive culture. Combats arising from jealousy must be avoided and later inheritance had to be definitely established. An orderly social organization seemed irreconcilable with promiscuity. The rise of private property and paternal control as well as the subjugation of woman and their reduction to the role of workers under the patriarchate, all of these forces transformed the ideal of asceticism into a socio-ethical dogma. It was necessary to break the individual will to the needs of the state and family. But in no other matter is man so prone to follow his individual inclination as in the satisfaction of his sexual craving. The ideal of the creed combined with the ideal of the state. To become social came to mean become monogamous and ascetic!

Church, Family and State are the bearers of the ascetic ideal. Since the modern man has had to shape himself more and more to their needs and yet could not entirely cease to be a natural creature he has remained entangled in a mass of contradictions. That may seem a triviality, but other influences are tied up with it. Not merely have we the contradiction of "thou shalt" and "thou wouldst," these forces touch upon the dualism of the will. Were it not that these forces are dependent for their very existence upon a certain tolerance of the sex function the individual would have become extinct long ago. Only to the aged and senile hermit could the idea of loveless and mechanical breeding have appealed as a panacea for all human ills. We could gain a deep insight into the development of humanity if we could follow the variations and compromises between the individual desire and the social compromises and taboos. Merely in order to exist such compromises are recognized as necessary by ascetic creeds as for example in Buddhism. Much too infrequently have the church and state ever paused to consider the bearing of sexuality on the will to live and to work. A twisted, pessimistic, and wholly superficial argumentation is all one finds even in the early writings on the nature of society. Few observed that the power of this impulse which they so feared, furnished the strongest material with which to build. It would almost seem that some demon of perversity had given man a one sided view of sexuality which precluded the possibility of seeing it from any other angle. The old priestly habit of pessimistic speculation about man and his fate was inherited from system to system, "—the imagination of man's heart is evil from

his youth." To-day, when one can but wonder if it is not too late, a few of us have come to realize that everything original, individual and above the mediocre in thought, feeling, and willing, arises from the rythm of the pulse, from the ebb and flow of the primary and secondary sexual expressions. Here lies a new and complex socio-biological task. The blind struggle against sexuality is an act of social self destruction. Even if we put aside the problem of genius (genius is love) an unprejudiced observer would say that one had built the social edifice on a volcano when instead of completing and ennobling this impulse he made its suppression the foundation of his ethics. Whatever our dispute as to the nature of the happiness of the individual it remains true that suitable sexual activity produces a sensation of pleasure while suppression involves irritability. Happy men are useful men, they work gladly and give themselves gladly in the social service. Suppression venges itself on the suppressor. The law of the conservation of energy applies here also. Compel a man to chastity and he remains permanently unchaste. As a clever Frenchman has said: "one has to choose between the chastity of the body and the chastity of the imagination." The celibates present a strangely deformed picture of the sexual relations and it is hard to listen to their scolding preachments without a feeling of depression.

To date the results of the teaching of asceticism as a virtue stand in direct contradiction of the desired end. This not in the superficial sense that the more one is forbidden the more one sins. But rather that the more one strives to live up to the ascetic ideal the more unchaste one becomes in matters not primarily sexual. This occurs primarily in the unholy perversion of truth. I mean that one who looks upon life as a natural phenomenon has nothing to conceal, nothing to apologize for. He has no need of hypocrisy and so develops a sound healthy thought and action. Whereas falsifying the impulse with its consequent perversion of the spirit; the search for substitutes; and the instinctive resentment of that authority which denies what the ego cannot cheerfully accord; these develop in man an unhealthy attitude toward society and life. This attitude may take the form of a fantastic melancholy, a pessimistic renunciation of life, or a crafty hypocrisy. For this reason far-seeing men have striven for a compromise between nature and culture. In general, neither ethical systems nor the law have honestly tried to understand man before they sought to mold him to their uses.

From what has gone before it should be reasonably clear how the desire for asceticism sneaked into the human heart. It is to be understood as a process of adaptation of the psyche to society. In primitive times man was unsocial, selfwilled and governed by his passions. Thus the compulsion which forced him into the social order bit all the more keenly at his spirit. His inner conflict was: Shall I obey or not? Which is the stronger? In passionate tragedy the ego and the social order fought it out. Gradually the spirit yielded and the external force abated. He lost faith in the righteousness of his impulses ad began to doubt whether after all society saturated as it was with the wisdom of all time might not be the bearer of the higher ethos. Yet the pulse beat—no longer so fiercely tho still warm—and fertilized both the imagination and the will. The sex impulse had not died out. But trusting to the higher values of society man found in the suggestions of his blood only a burdensome irritation. He desired peace with his god, his state and his family!

The average modern man has not yet reached a state where one could speak of an inner victory, of a complete socializing of the impulse. Rather he presents a picture of disintegration and uncertainty. He sways between extremes, at times more ascetic at others more sensual. In his views and judgments this fatal uncertainty is again reflected. His own tortured conscience drives him to judge others by a severely ascetic standard. In short, the whole crazy witches-sabbath of our utterances about sex results from this lack of unity of the will.

The future offers three possibilities. First: the distant future may see procreation a wholly loveless and artificial phenomenon and the sex impulse dead. Or secondly: we may admit the fundamental significance and necessity of sex while holding to the conception of it as a negative ethical value. Thirdly: man will recognize the origin of this prejudice and by an about-face rob the ideal of asceticism of its all but universal application.

A race void of the sex impulse is a race lost to beauty. The social principle will apparently have conquered but in a dead world with empty ideals. A world ruled only by hunger and thirst were a mere superfluity which would shame mankind into its grave. The same is true of the second possibility though in a milder degree. In that world we should expect a race innerly unchaste whose idealism would readily take on hysterical forms. A fanatical desire for the next world and a deep pessimism would be the pre-

vailing tone of human thought. In the third instance man would recognize as a social necessity the rooting out of this ancient error. Owing to the laziness of human thinking this is no light task. At the beginning of that epoch which reconciles nature with civilization, there will be not a few who see in this new dawn only the fires of the Last Judgment.

But I deny myself the pleasure of speaking of hopes. Be it sufficient if I have shown that the problem of asceticism needs testing from the biological and sociological points of view.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEXUAL IMPULSE AND REPRODUCTION.

By H. C. UTHOFF, Portland, Ore.

STRICTLY speaking there is no connection between the sexual impulse and reproduction. That the two happen to be associated together is the result of the hit or miss method followed by nature and expressed biologically for the sake of convenience in the term "natural selection." Animal experimentation points to the probable truth of the foregoing statement. In a recent interesting little volume entitled "Biology and Social Problems" by George Howard Parker, professor of Zoology in Harvard University, there is cited the following case, tending to show that the sexual impulse and procreative power are only accidentally and not causally related.

The testes of a very young male guinea pig were transplanted by being removed and attached in another region under the abdominal skin. The reproductive glands outwardly made a normal growth and the animal developed the usual secondary sexual characteristics of mature males. It manifested also in due time a normal sexual desire. But when the transplanted testes themselves came to be examined, it was found that the germ cells had failed to develop at all, had in fact quite disappeared. In their place were only interstitial cells, which of course are not concerned with reproduction.

Several inferences may be drawn from this experiment. The first is, of course, that the interstitial cells secret hormones of themselves quite capable of stimulating the development of the secondary sexual characteristics and insuring sexual activity. Evidently the germ cells proper, the egg cells and sperm cells, may

be dispensed with in the process of bringing about the secondary characteristics. This has indeed been observed frequently among domesticated animals when castration has been complete enough to make procreation impossible but has not served to prevent an animal from exhibiting sexual desire or having the usual marks of the fully sexed. In such cases enough of the interstitial cells remain to give out the excitatory fluid resulting in the growth of secondary sexuality and sexual desire.

Again we may infer from the experiment cited that the interstitial cells, either directly or indirectly, give the initial impulse in sexual activity. The germ cells certainly seem unessential for the purpose. This inference would appear perfectly sound. With the germ cells gone, sexual development and activity proceed along the normal course. When, however, both germ cells and interstitial cells in the young are completely removed, as is well known, neither secondary sexual characteristics nor sexual desire appear. As corroborative evidence that germ cells and the sexual impulse have no necessary connection with each other may be cited the fact that perfectly frigid women are quite capable of bearing children and have often done so.

It is assumed of course that if testicular transplantation experiments were carried on with human beings as with guinea pigs the effects would be similar. The assumption would seem a thoroughly safe one, because of the many sexual analogies found among all mammals. In fact, Prof. Parker himself says: "Enough is known concerning operations and transplants in the human being to justify the conclusion that the results obtained by Steinach on the lower animals will be found to apply with full force to man." (P. 54.)

In the light of the experiment cited we can better understand why there should be an overplus of sexual impulse out of all proportion to the reproductive needs of a species. The explanation lies in this, that the interstitial cells function independently of any teleology involved in the sexual mechanism. They are blindly active without reference to the next thing that is going to happen. The "next thing" in biology has, in fact, never been thought out beforehand. It comes about without any regard for any rule or prearranged scheme of things.

How then does the sexual impulse come to be connected with reproduction so intimately that, until quite recently, it seemed the most natural thing in the world to think that the only reason and

justification for the exercise of sexual power was reproduction? How did we come to regard the sexual instinct and the procreative instinct as practically the same?

The answer to this question can be furnished only by evolutionary science, and is to the effect that the existence of the impulse results in an act that makes procreation possible, even though the reproductive mechanism proper has nothing to do with the origination of the primary impulse. Thus the impulse has great survival value for the species possessing it. Suppose individual animals were to appear as variations in which the interstitial cells were incapable of originating the impulse; or suppose, if capable of originating the impulse, the individual did not happen to be provided with germ cells. It is evident that all such variations inevitably fail to reproduce and can never become established.

Hence, according to natural selection, we shall never find a bi-sexual species in which we have not a sexual impulse and an adequate germ cell development. The mechanics of survival automatically eliminate all deviations from this norm.

It is interesting to speculate what some of our moralists will say when they hear about this conclusion of sexual physiology that sex-desire and reproduction have a merely adventitious relationship to each other. Will the dogmatists change their commandment that sexual intercourse is permissible only for purposes of reproduction or will they continue harping on the same old frayed string of the immorality of desire except when directed toward the creation of another human being?

Most likely most of the male and female Mrs. Grundys will never hear of the physiological conclusions cited, and the few that do will probably not cease to use the old moral formulæ. Such a course is characteristic of that imperviousness to facts which marks all moral dogmatism.

Among thinking people, however, the purely accidental connection between the surplus sexual impulse and the reproductive cells proper will provide a final and incontrovertible argument for intelligent and harmless artificial control of fecundity.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SALVARSAN, OR, A CASE OF "I TOLD YOU SO."

BY ESTILL D. HOLLAND, M.D., Hot Springs, Ark.

IF it is a pleasure to have your predictions substantiated in *minor* things, it is a great deal more of a pleasure to have them work out in *important* ones.

When salvarsan was first put on the market, in 1911, a great many of us had enough faith in those who vouched for it to give it a trial without any misgivings. Others waited for some one else to give the first dose and others still devoted their time and attention to dire predictions of what would happen to the unfortunate victims who were being given salvarsan. I remember that one physician told me the complete, unabridged history of a patient he once had who had developed arsenic poisoning *five years* after having worked in a paint factory. And one sincere old physician wanted to have the Legislature pass a law making it a crime to give salvarsan in the state.

I was treating a man in the free ward of a hospital who had been confined to the ward for the greater part of three years with syphilis. One of his eyelids was eaten off and the other was starting to ulcerate. He had forty-six ulcers on his body that had to be dressed, and he was constantly getting worse in spite of the best of mercurial and iodide treatment.*

The pre-authentic reports of salvarsan were even more confusing than the later ones and I had determined to only give it to desperate cases until I learned more about it. I told the above patient, Mr. P., about having a new medicine that might do him some good or might kill him. He said he would just as soon be dead as the way he was, so after consulting some eight or ten other physicians, and receiving various advice, I decided to give him an injection of salvarsan, and gave it on the 3rd of January 1911. I consider Mr. P. either the most heroic, or most despondent, patient I have ever had as there were thirty-four physicians in the operating-room during the injection and no man preparing to undergo gastrectomy was ever examined more carefully, painstakingly and *variedly* than Mr. P. He was not only examined as to his present condition but also with the object of being able to tell just how much damage the injection did to his heart, kidneys

* Interstate Medical Journal, March 1911, and American Journal of Dermatology, Vol. XV, No. 12.

and other vital organs, the idea that it would do harm being fully believed by some.

It was to be an intramuscular injection in the buttocks and everything having been gotten ready a blood-pressure outfit was attached to one arm and one of the attending physicians, who happened to be the coroner—some thought fortunately—feeling the pulse at the other wrist, I gave the injection.

Of course we all know now that nothing exciting happened and after waiting a few minutes to see if there was to be an immediate fatal termination, the patient was allowed to return to his room.

Well, to make a long story short, the fatality of a salvarsan injection gradually extended from one minute to three days, the skeptics still predicting the worst but not being so definite as to the time. At the end of three days I gave another dose to a charity patient who also said that he would as soon be dead as the way he was, and continued to give it to desperate cases till I had treated one-hundred-and-fifty "bums," tramps and free ward patients in this way and had given Mr. P. his second dose.

After this, and having had no undesirable results, I started treating our private patients with salvarsan and although I am well over my two-thousandth dose I have never had a bad result.

I think that five years was the furthest any one put the possible degeneration of arsenic poisoning from salvarsan; as the five years is now up and Mr. P. alive and well after four doses, No. 2 the same after three doses and hundreds of others after one, two or three doses, with no bad results, I feel that it is time for the *original believers* to crow.

During the first one or two years after the introduction of salvarsan the journals were full of it—most of the papers being written by those who had given from one to a dozen doses—the opinions expressed being just as positive as were the opinions expressed by those who had given hundreds of doses.

I know one physician whose first salvarsan patient developed an abscess that confined him to bed for several weeks, the patient wanted to sue the physician for malpractice and the physician wanted to convince the patient that the abscess was the result of the medicine and had nothing to do with the administration.

This physician made it a business to collect all the adverse criticisms of salvarsan that he could find in the journals and I have never seen a more complete and convincing lot of evidence

collected, if taken at its face value, than he had accumulated in a few months. Every known ailment that has ever followed in the wake of a syphilitic infection was being laid at the door of salvarsan. The fact that all the complications reported had been reported, time and again, before the days of salvarsan, seemed to have been lost sight of and the rule was to blame the new medicine for every case of blindness, diplopia, vertigo and paralysis following its administration, and to blame syphilis for the same conditions where salvarsan had not been given. The trouble was that it was a time of great interest in Salvarsan and its admirers and critics had the public notice so that a paper on syphilis that didn't either advocate or oppose the new treatment was hardly noticed.

It was nothing unusual to find a detailed account of some patient who had taken one dose of Salvarsan intramuscularly, or subcutaneously, without any other treatment, and who had afterward developed a degeneration of the optic nerve. Such a thing was hardly ever reported as a syphilitic manifestation or relapse but was usually given as the result of the salvarsan.

Everyone seemed to develop his private technique after about the fifth dose he administered and it has always been a wonder to me, and an assurance of the comparative harmlessness of salvarsan, that there were not ten-thousand people killed with it the first year.

Suppose that instead of salvarsan it had been some poisonous drug that was being given in every conceivable manner, and in dosage ranging from one-sixth of a full dose to twice a full dose. The European war would have had nothing on the medical profession as an engine of destruction.

As a matter of fact I watched the reports of casualties from salvarsan very closely for several years and, although there were a great many rumors to be heard, I never found but one that bore the faintest resemblance to a salvarsan fatality and as I consider it a typical case I will give it briefly.

I heard, one afternoon, that a man had died on an operating table while taking salvarsan. The report was, of course, that the medicine had killed him. I tried to find some way to account for it but could not and had about made up my mind that it was a clear case of death, either from the medicine or the intravenous injection of the salt solution, when one day I heard the true report.

It seems that the physician, who had not given but a few

doses, introduced his needle into the vein and was so slow in making his connection with his gravity apparatus that the blood clotted and stopped up the needle. The physician not wishing to take the needle out and re-insert it, compromised by introducing a wire into the external end of the needle and pushing the clot into the patient's circulation.

The report said that the patient died from salvarsan and was true in so far that if he hadn't been taking salvarsan there would have been no needle introduced to clot and no clot to be pushed into the circulation.

It seems a wonder that any medicine having the above conditions to contend with should have ever been able to prove its usefulness and worth.

Heralded as a miracle, as something that would make one of the great scourges of the human race a thing to be laughed at and not feared; denounced from the pulpits as the eliminator of one of the principal causes of human decency, whose removal would loosen passions that only fear had been able to control: advertised as a sure and quick cure; was there ever any other medicine with such a reputation to live down!

I think it would be interesting to read some opinions written after five years trial and I have no hesitancy in saying that my experience with it has been a constant source of gratification, unmarred by any complications. I have seen the field of its rational use extended from the secondary manifestations of syphilis to all the stages of syphilis and all the complications of syphilis, except syphilis of the ear.

I had the pleasure of reporting some of the first cases of nervous syphilis treated with salvarsan and of re-reporting them three years later at Richmond, Va.*

Perhaps the best indication of the esteem in which salvarsan is now held is the clamor that is being raised because we cannot get it and the dire predictions made in regard to patients who can no longer receive it.

Dugan-Stuart Building.

* Monthly Cyclopedia and Medical Bulletin, February 1912, and The Southern Medical Journal, June 1915.

EDITORIAL NOTES

NORMAL VS. ABNORMAL SEXUALITY.

I am much more interested in the fearful heartaches, in the unquenchable longings of normal men and women of all ages than I am in the sufferings of perverts and degenerates. Not that I pity the latter less, but I pity the former more. For we must bear in mind that taken all in all, the perverts, including in this term the homosexuals, sadists, masochists, nymphomaniacs, etc., do not constitute more than five per cent. of the population. The sexually normal constitute ninety-five per cent. And we certainly should devote most of our attention to those who constitute the vast majority than to those who constitute an insignificant and almost negligible minority. We must further bear in mind, that racially the perverts constitute a very undesirable element and it would be best if they could be prevented from procreating. And then again try as we may we cannot work up any genuine sympathy towards a cruel sadist or one who is addicted to bestiality. The best thing for such people would be to take a dose of HCN. That's what I did advise one to do, quite frankly.

THE TASK OF SEXOLOGY.

I confess that the normal healthy man and woman, who suffer agonies and whose life blood drips slowly away because their physical and *spiritual* longings find no outlet and no satisfaction, touch me and interest me much more deeply than do the perverts.

In my opinion the task of Sexology for many years to come will consist in a searching study of the elements of the normal manifestations of sex, both physical and spiritual—the latter being the more important, in an analysis of that feeling which has so far defied all analysis, the feeling which is as much of a mystery now as it was three thousand years ago, nay is much more of a mystery, because with the growing complexity of human spirituality and human culture, the feeling becomes much finer, much more delicate, much more complex, the feeling which for the lack of a better word we call—Love. The abnormal manifestations of sex must not be neglected—but they must be given a subordinate place.

SEXOLOGY VS. OBSCENITY.

A physician sent an article to the American Journal of Urology and Sexology, which I promptly returned. I told him that the postal authorities would not stand for such stuff, but even if they did I would not think of publishing it, because I considered it vulgar, filthy, and what is most important, because I considered it as having no *raison d'être*. He wrote back saying that he was surprised and pained to discover that with all my broad-mindedness and radicalism I was a narrow-minded puritan. I did not reply, but I will take this occasion to say that if aversion to coarse vulgarity and purposeless obscenity constitutes puritanism, then I *am* a puritan. Sexology is not synonymous with scatology. There is nothing that I consider sacred, taboo, beyond the pale of discussion, but there must be a purpose behind it; you must show me that the purpose is the improvement of human conditions, the increase of the sum-total of human happiness.

The motto that I adopted ten years ago: no book—and no article—has a right to exist that has not for its purpose the betterment of mankind, by affording either useful instruction or healthful recreation, is still my motto to-day. And I want everybody to know it. In fifteen years of writing I have not been guilty of one sinfully or obscene expression. One can write and speak with the utmost freedom, using unvarnished expressions, without being obscene. And the doctor who aspires to the title of sexologist is in great error if he thinks that sexology consists exclusively in reporting cases (many half a century old and most of them apocryphal) of bestiality, tribadism, coprolagnia, nymphomania and sadistic murders. This is the nauseating fringe of sexology, but it is not sexology.

And in conclusion one more word: The deepest-going sexologist may be and often is a man of pure thoughts and pure actions (using the word both in its conventional and its sublime sense); the superficial sexologist is generally a man who likes to wallow in filth. The Editor flatters himself with the thought that he belongs to the former group.

ABSTRACTS

FRIENDSHIP AND SEXUALITY.

In an address as chairman Dr. Placzek (*Z. Sex.* II, 265, '15) undertakes to rescue the emotion of friendship from the radical Freudians. He very properly asserts that the poets and other emotionalists need not be convicted of homosexual practices merely on their writings. He reviews the literature of friendship, especially of the *Werther-Zeit* without however finding any definite criteria for distinguishing between those friendships where homosexuality is well established and those where we may assume that the relation was physically platonic. Numerous citations, many untranslatable, are offered from the autograph albums, guest-books, and diaries of earlier times. In the discussion which followed Bloch pointed out that homosexual nuances are present in the emotions of men otherwise normal, but in rebuttal Placzek insisted that we must not see sexuality in all things. To the reviewer it seems wiser to judge a tree by its fruits rather than by the manure required to grow them. Assuredly our emotions draw nourishment from some very old soil.

E. S. S.

FLIES AS SEXUAL OBJECTS.

Dr. W. Stekel (*Z. Sex.* II, 289, '15) relates three cases in which flies were used as adjuncts for onanistic performances. In one case a definite sadistic element was present. The cases were not fully investigated. The stimulating effect of certain small dung-flies common about rural out-houses has been observed among erotic school boys so that Stekel's cases are not as unusual as they might otherwise seem.

E. S. S.

WHEN IS COITUS MOST LIKELY TO RESULT IN CONCEPTION.

The war with the occasional furloughs has furnished opportunity for some data on this ancient question. Examining 100

cases at his clinic Dr. Siegel (*D. Med. Woch.* p. 1251, 1915) found that in every case conception occurred in the first twenty-one days following menstruation. It was most frequent in the first six days, retained a moderately even rate until the twelfth or thirteenth, then fell rapidly to the twenty-first after which no conceptions occurred. Neither did it occur in those cases where the husband returned home a few days before menstruation and left before it had passed. The time between menses may be divided into four periods: The post menstrual averaging five days; The intermenstrual, thirteen days; The premenstrual, six days; and the menstrual about four days. The *post-menstrual* is most favorable for conception. The sterility of the premenstrual period may be caused by the closure of the tubes through hyperemia. The sperm requires from twenty-four to thirty-six hours to traverse the genital mucosa so that amphimixis occurs about two days after coitus. With that in view the maximum rate of conceptions is moderately synchronous with the time of bursting of the follicle.

E. S. S.

BE CAREFUL HOW YOU DREAM OR POETIZE.

H. Lilienfein (*Die Grenzboten*, Feb. 18, 1914) protests against the psycho-vivisection which the Freudians bestow upon the works of the poets. He terms this a sexual inquisition and desires them to desist.

E. S. S.

EROTIC HALLUCINATIONS FOLLOWING LOCAL ANESTHESIA.

In a review Bloch (*Z. Sex.* II, 294, '15) cites cases and advises that even local anesthesia be always carried out in the presence of witnesses and that patients should not be left alone until the effect has entirely worn off.

E. S. S.

THE PREVALENCE OF SYPHILIS IN THE ARMY.

Capt. Edward B. Vedder (Bull. No. 8. Surgeon General's Office) has made a survey of the army using the Wassermann test in conjunction with clinical data and sick reports when these were available. The Wassermann is about 84 per cent. specific, counting plus and double plus reactions in cases of known syphilis so that the author has been amply conservative in counting only

the double plus reaction as undoubtedly syphilitic. Of 1049 cases suffering from diseases other than syphilis only 0.4 per cent. returned a double plus so that by working on groups of 1000 men the author is able to get very reliable statistics as to the degree of syphilization of different groups. To be on the safe side these plus reactions have not been classed as undoubtedly syphilitic but have been included in *estimating* the *probable* syphilitics. The plus-minus was not counted since about ten per cent. of non-syphilitics give it.

In compiling the data, the known syphilitics added to the double plus reactions give the undoubtedly syphilitic. By adding to this the plus reactions we obtain the figure for the estimated *probable* syphilitics. Passing now to the results of the survey we may mention the following:

Accepted recruits, that means men who have passed two physical examinations. Of these 7.75 per cent. gave a double plus, while 9.02 per cent. gave a plus. The figures are sensibly identical whether the men examined came from a post near a large city or from one drawing more upon the rural population. There is a probable syphilization of 16.7 per cent. among those who are accepted. According to occupations, about 27 per cent. are laborers, 15 per cent. farmers, and the remaining 58 per cent. are clerks, mechanics, in fact, our whole middle class tradespeople.

Eighty per cent. of those who apply for enlistment are rejected at the first examination and 14 per cent. of those accepted on the first test fail on the second. Of this 14 per cent. 9 per cent. are rejected for venereal disease. If we assume that gonorrhea is about four times as common as syphilis and that the percentage of syphilitics is the same in those rejected as among those accepted then 2.3 per cent. of the first rejections were for syphilis. It seems reasonably certain therefore, that among the young men who apply for enlistment about 20 per cent. are syphilitic. That means for the civil population of this class about one man in five.

Among West Point cadets, 2.57 per cent. gave the double plus and 2.89 per cent. one plus. That implies about 5 per cent. for students of similar classes.

In the regular army 3.44 per cent. are known syphilitics, 4.77 per cent. gave a double plus, 7.87 per cent. one plus. The estimated probable syphilitics is therefore 16.08 per cent. Nine per cent. develop syphilis in the first year's service and the majority of these were evidently infected at the time of enlistment. Since

the probable cases among recruits amounts to 16.77 per cent. and these are picked men who undoubtedly suffer less than their fellow civilians, the army shows less syphilis than the applicants for enlistment. Very truly the writer says that the reason the finger of scorn is pointed at the army is that the army is the only place where the amount is known.

Among colored troops the estimated percentage rises to 36, but men with less than one year's service yield 34 per cent. so that this larger figure is due to a larger percentage among the civilians from which these troops are recruited. The highest figure is found among the enlisted men in Porto Rico where the estimated number is 55.9 per cent. with an undoubted percentage of 42.37.

While the groups were small, the relation between syphilis and tuberculosis was investigated with the result that among the tuberculous the percentage of syphilitics was twice that in the army and it is suggested that in treating tuberculosis it is wise to look also for syphilitic infection. This conclusion is not based on the Wassermann alone. Of the tuberculous, 7.56 per cent. were known luetics, while the known syphilitics in the army is only 3.44 per cent.

Among others the following conclusions are of interest here:

1. A very large number of accepted recruits are probably syphilitic, 16.77 per cent.

2. Since only 3.44 per cent of white soldiers appear so on the sick report it follows that most of the cases are not diagnosed.

3. From 2 to 5 per cent. of the commissioned personnel are already infected when they enter the service.

4. The percentage of syphilitics among white enlisted men is slightly lower than among the accepted recruits.

5. Since there are only about 3 per cent. of fresh infections annually it follows that syphilitics are in some way leaving the army faster than they are entering.

6. About 13 per cent. of insanity among soldiers is directly due to syphilis.

7. The percentage of syphilitics in the army is less than among similar men in civil life.

As to the civil population the author says:

1. We may estimate that about 20 per cent. of the young adult male population from which the army is recruited is syphilitic.

2. We may estimate that 5 per cent. of the young men in our colleges are syphilitic.

3. This study confirms observations that have already been

published indicating that syphilis is so prevalent among negroes that it is possibly the greatest single factor in the production of disability and high mortality rates among the race.

4. The high percentage among Porto Ricans indicates that syphilis is one of the important causes of disability among the native Porto Ricans.

5. Since syphilitic infection is so common, is so productive of disability, and so far has entirely evaded sanitary control, it is believed that syphilis is a greater menace to the public health than any other single infectious disease, not even excepting tuberculosis.

This bulletin is a presentation of the results of some 10,000 Wassermanns and the work throughout is marked by sound critical judgment and a most careful checking of sources of error. On the whole it may be said to be an admirable if not particularly cheering piece of research.

E. S. S.

Letters to the Editor

SEXUAL ABSTINENCE: LETTER FROM A PENITENTIARY INMATE.

In my present situation I am particularly interested in the articles on abstinence (such a one as appeared in the October issue of *The Journal of Sexology*). I have been enjoying the enforced hospitality of our mutual Uncle Samuel for over six years now, and though I am in perfect health and vigorous I managed to get along without having recourse to the usual prison substitutes, with which, by the way, this place abounds. During all the time here, I have been sick but once, about three years ago, when we had a little epidemic of diphtheria. A little shot of Mulford's and two days in bed put me on my feet. I am 5 ft. 10 and weigh 180 lbs., always was healthy, never drank whiskey and though I was ever an ardent worshipper at the shrine of Venus, I never, mirabile dictu, never contracted any venereal disease. The first year I was here was rather hard for me, and I had frequent recourse to anaphrodisiacs, but after the few first stormy months, I settled down and now, but for an occasional emission, I am not troubled. I do not experience any deleterious mental effects, such as the writer in the *Journal* describes, from my enforced abstinence. I always had a

particular predilection for women with pretty, well-shaped feet and abundant mammae (foot and mammae fetishist, I think, Krafft-Ebing calls us) and though perfectly potent with any woman (I have never experienced any inhibition of libido) those with the two characteristics mentioned seemed to have an increasing effect on my pleasure. On several occasions here, when I came in contact with visitors particularly gifted in that respect, I experienced a powerful erection and occasionally in the summer, when some particularly large busted female lingers in my vicinity, an ejaculation. I do not permit my mind to dwell on the images of my particular ideals and to date I have not experienced any of the ill effects of the repression.

My work here is not hard, I am orderly in chapel and stage manager and play piano for our shows and that is about the extent of my "hard labor." I have my own system of physical culture and that takes up my surplus energy and that I think has kept me in the splendid health I have always enjoyed and away from the doctor, who by the way, has treated me with the greatest consideration. He permitted me the use of his books and that act alone endeared him to me as much as his many other kindnesses.

Now I wrote this letter merely to show you that it is possible, at least in my case, to live in total abstinence, even after one has tasted the joys as much as I have.

Our management is rather liberal and goes on the principle that anything that can be sent thru the mails can be received by the prisoners, and in that respect we are far ahead of the other prisons, which won't even permit daily papers to their inmates. If you have any French or German exchanges, particularly with articles by Freud, Moll, Hirschfeld, Bloch or others, I would be glad to get them when you have no further use for them, I can even do fairly well with Latin, and one or two other languages.

Gratefully yours,

—Penitentiary.

SEX FREEDOM.

February 14, 1916.

My dear Dr. Robinson:—The papers now have some articles about the suicide of a Miss Lambert, out West. She was in a delicate condition, and took her own life when her lover refused to marry her. He is now in jail, with the circumstances of his

part in her death yet to be proved. Conventional sex reactionaries will be rubbing their hands with glee, and regretting only that a similar fate cannot overtake all who have sexual intercourse outside the marriage bond. A very little contraceptive knowledge and the expenditure of less than a dollar, which could have been made so that nobody would suspect the intent or the purpose, would have prevented all trouble. But the real trouble and the proper remedy go back much further and deeper.

The state should support all women and children, and the law should not characterize any children as illegitimate or bastards, even if private society rules do so. A so-called bastard makes social disorder, the same as an auto going up the left side of a crowded street, but when society gets on a proper basis, and all well-born children will be welcomed, and the rights of all to sex happiness are recognized and admitted, and the law does not concern itself with one's sex activity any more than it does or should with what he does with his arms (which is only insofar as tangible harm results to somebody) there will be no demand for the impossible monogamy and conventionality now attempted, which always has been and always will be futile. The law cannot give or restore social position, no matter how senseless the social arbiters may decree. But at least it can refuse to aid them.

Miss Lambert and her child, had she lived and it been born, should have been welcomed and supported at public expense until it, if a male, should be able to take a man's part in the co-operative commonwealth.

The commencement or the discontinuance of sex association should be ignored by law unless somebody makes a claim for redress or protection, and can show that a definite wrong has been suffered.

And when society gets right, that could not come except through the use of physical force, infection with disease, or brazen public indecency such as now would be condemned between a husband and his lawful wife. Free women from sex slavery, and give all the legal right to bestow or refuse their persons as they may see fit. What fools people are. The idea of trying to establish an artificial sex code, when nature has done it all for us, with wisdom far above all human knowledge present, past and future, in the instincts of the individuals concerned.

Sincerely yours,

New York City.

S. R. S.

Dear Dr. Robinson:

. . . I am 42 years old and have been married for 19 years. My health has always been good, am over 6 ft. in height and weigh 204 pounds. I was brought up on a farm until about 13 years old, when I was sent to school in a city. I had been told nothing about sexual matters up to this time, and shortly afterwards was initiated into the masturbating act by school companions and practiced the act moderately until I married, and very occasionally since. Never indulged in coition either ante or extra maritally, not from any moral sense, but simply from lack of opportunity and fear of venereal infection. Altho I indulged in masturbation for so long, I do not find that my sexual power has been in any way impaired, and that I can satisfy my wife perfectly. However everyone might not escape so easily thru sexual ignorance. Boys should be taught about their sexual powers at the proper time, and not leave it, as was done in my case, to hap-hazard. I also think it would be better to teach a boy when he reached the age of discretion the use of prophylactics and let him get his sexual satisfaction in the natural way. This would be better than masturbation, and the young man would not then enter into the marriage relation in total ignorance of its consummation. Such is the opinion of a layman.

Yours sincerely,

A. A. A.

Dr. W. L. Kendall asks the question, "What are we doing and what should we do for the feeble-minded?"

The best thing we can do for the feeble-minded is to prevent them from being born, the next best thing is to prevent them from procreating, and for this purpose either colonization or sterilization becomes necessary.

The friend of humanity may with some confidence anticipate a gradual diminution in the prevalence of venereal diseases, and may hope for their complete extinction in a not too distant future. All that is requisite for the attainment of this end is that those engaged in the study and practice of general hygiene, and those concerned in the safeguarding of public morality, should not weary in their efforts; and that scientific research should pursue its aims firmly and clearly, uninfluenced by the tyranny of custom, and independent of prejudice.—K. F. MARX.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

MAY, 1916.

No. 4.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE PREVENTION OF CONCEPTION AS A CAUSE OF NERVOUS DISEASE.

BY DR. L. LOWENFELD.

THE use of anti-conceptive measures constitutes at the present day one of the most regrettable conditions of sexual life. I call this condition regrettable because everything which interferes with the normal performance of the sexual act is bound to have bad consequences; in fact the mere feeling that one can not gratify one's sexual instinct without taking precautions against possible consequences introduces a baleful psychic element into one's sexual life.

Sexual abstinence cannot be relied upon for the limitation of offspring, for sexual abstinence is not easily maintained in married life, requires a great amount of will power or of religious faith, and reacts unfavorably on one's health.

The use of anti-conceptive means has not the same consequences for both sexes. While it often saves the woman from many dangers to her life and health, it does not in any way benefit the man's health.

In order to estimate correctly the influence which anti-conceptive means exert on the health of the individual, we must not confine ourselves to a study of cases in which they were resorted to upon the physician's advice on account of some sexual disorder. We must inquire about the frequency of intercourse, the age of the mates and the kind of preventives used.

Bearing in mind all those details one comes to the conclusion that, generally speaking, preventives seldom cause any serious physical or mental disturbances and that such disturbances when observed are to be traced to some special means of prevention.

Man only has at his disposition the condom and coitus interruptus. It is an exaggeration to say that the condom is a cobweb against disease and an armor against pleasure. Robust men do not mind its use, but weaker men are put to a good deal of extra effort by the fact that it blunts in a measure the sensitivity of the penis. Besides, as far as the prevention of conception is concerned the condom is a source of frequent disappointment. I cannot say, however, that I have ever observed any ill effects from its use. The practice of coitus interruptus has more serious consequences. Some men can practice it for ten, twelve or fifteen years without bad results; some men show after one year or even sooner nervous disturbances.

The woman has a larger choice of preventives at her disposal, and new ones are being devised continually by chemists.

Chemical preventives destined to kill the spermatozoa and introduced into the vagina in the form of suppositories, tablets or powder have not to my knowledge produced bad effects. The same can be said of mechanical preventives such as for instance sponges. On the other hand I have no doubt but the continued use of a pessary may bring about local inflammation and a leucorrhreal discharge.

The use of condoms by the man is in no way detrimental to the woman's health.* Neither is the practice of coitus interruptus. If the man is able to continue the act long enough to allow the woman to have an orgasm she is not affected by the withdrawal of the man's organ. If the man's powers, however, are insufficient to assure the woman's gratification, then coitus interruptus is bound to become for her a source of nervous troubles. The time at which the coitus is interrupted plays an important part. If the interruption occurs when the woman is highly aroused and is on the point of having an orgasm and if the sexual act is performed frequently without affording her any gratification serious trouble may result, for the congestion of the uterus subsides very slowly when no orgasm takes place. In such cases coitus interruptus is fraught with worse results for the woman than for the man.

Even if the normal act is interrupted, ejaculation finally relieves the man's nervous tension; that relief, however, is denied to the woman and in consequence her health is affected unfavorably.

* The editor begs to disagree with this statement. See the Chapter Coitus Condomatus, in his Treatment of Sexual Impotence and Other Sexual Disorders in Men and Women.

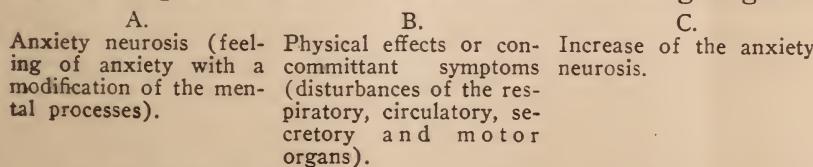
The results are not as serious when the interruption is due to the weakness of the man or takes place at an earlier phase of the act, especially if the woman is not very ardent or is affected with sexual anesthesia.

In this connection I must remark that certain women whose health has been evidently affected by the practice of coitus interruptus pretend that their desires are fully gratified by that form of intercourse. There are many women, however, who are loath to confess that their desires are not satisfied; and then again some women who are left ungratified by coitus interruptus pretend that they do not care for sexual intercourse.

If we take into account all the circumstances, the sexual and nervous constitution of the mates, the frequency of intercourse and the many harmful influences which may be at work, it becomes very difficult to decide what nervous disturbances can be traced to coitus interruptus. In certain individuals the practice of coitus interruptus either is abandoned for other preventives or ceases altogether when the woman is impregnated and the normal form of intercourse is resumed; in some cases interruptus is supplemented by masturbation, etc.

If we study a large number of cases, however, we cannot help finding a direct connection between certain diseases and the use of that form of preventive. Fifty cases which I have observed myself point to such a conclusion.

The disturbances we observe in the majority of cases are anxiety neuroses, whose symptoms are very often deceptive. They are generally temporary neuroses without any special import, occurring in fits, sometimes of a certain duration, and affecting the form of phobias, agoraphobia, monophobia, anthropophobia, etc. Those neuroses vary in degree from the mildest to the severest form. At times too we observe larval or incomplete anxiety neuroses. To explain the latter I have devised the following diagram:



In the larval anxiety neuroses, "A" is generally overlooked owing to the fact that the anxiety neurosis either is not developed enough or is mistaken for an emotional condition of a similar nature such as ill humor, irritability, accompanied by some bodily

ailment. And thus it is that many patients only complain of dizziness, asthma, palpitations, tremor, etc., whereas the real trouble is an anxiety neurosis in which those physical symptoms are very marked.

More frequent than the larval anxiety neuroses are the incomplete anxiety neuroses (anxiety equivalents) whose manifestations are confined to "B," that is to the physical symptoms of the neurosis. These symptoms which are extremely varied are in general disturbances of the heart's action, of the respiratory organs, pseudoasthma, psychic asthma, asthma sexuale, fits of dizziness, congestion, diarrhea, tremor, profuse perspiration, pharyngospasm, malaise, bulimia, sleeplessness, etc.

Among the anxiety equivalents, cardiac symptoms are the most frequent in both sexes, but especially in women. A misunderstanding of the patient's condition may lead one to consider certain forms of nervous cardiac disorders as mere physical diseases. We may mention, for instance, the cardiac neurosis described by Hertz of Vienna as Phrenocardia.

Whether we should consider the varied phenomena of anxiety as Freud and his disciples do, that is as the symptoms of a neurosis or when they are accompanied by a marked neurasthenia attribute them simply to neurasthenia and refuse to admit a combination of neurasthenia and anxiety neurosis is a question of nosology which we cannot discuss here.

While anxiety manifestations are very frequent, nervous disturbances of the sexual region are very rare. We may observe in men a lack of sexual power due to premature ejaculation and insufficient erection coupled with irritation of the bladder or of the prostate (increased micturition, feeling of heaviness and pressure in the perineal region, hyperesthesia of the urethra especially at its prostatic end). Those symptoms may also be accompanied by myelasthenic symptoms, rachialgia, fatigue and paresthesia of the legs; but they generally occur isolated or in combination with cerebrasthenic symptoms. Among the former we may mention, as the most frequent, besides the symptoms of anxiety, a greatly increased excitability; compulsion ideas are less frequent and are mostly in the nature of hypochondriac compulsion phobias. Fits of depression of variable duration may also be observed. The patients now and then complain of headaches, heaviness, strange sensations in the head, nervous headaches. Their capacity for work and their memory are impaired.

Individual cases differ greatly for it is not only the combinations of the various neurotic symptoms which differ widely, but their intensity and their duration as well. Many patients are affected by phobias on the street or in crowded rooms. Others have nervous cardiac troubles or asthma, others complain of headaches or stubborn sleeplessness.

I observed this last symptom especially among women who for years had failed to derive any gratification from coitus interruptus.

Men complain mainly of myelasthenic symptoms, paresthesia of the legs, stubborn rachialgia or sacro lumbar pains, the symptoms of an inflamed prostate.

Sometimes people whose health has been affected by the practice of coitus interruptus realize clearly the connection between that practice and their ailments; they do not, however, give up that practice but they indulge less frequently in sexual intercourse. In other cases ill effects either are not observable or are of a purely transitory character and nervous disorders only appear long afterwards and possibly in connection with other troubles (infectious diseases, especially influenza, accidents, protracted excitement or exertions, etc.) In such cases physicians and patient may attribute the ailment to the more obvious cause and overlook entirely the coitus interruptus as a source of trouble.

The consequences of the use of anti-conceptive means are almost the same for both sexes; there is, however, one small difference; anxiety symptoms are more frequent in women than in men. In fact we always observe anxiety symptoms in women whose nervous system is affected by the practice of coitus interruptus.

Women present no symptoms which correspond to the disturbances of the man's sexual powers. On the other hand we find in them symptoms of bladder inflammation and painful feelings in the genital zone. Rachialgia and sacro lumbar pains are more frequent in women than in men. In a number of cases we also observe in women hysterical symptoms, fits of laughing and tears.

One should not, however, attribute all those symptoms to the use of preventive measures for some of the women affected in that way presented hysterical symptoms even before their husbands began to practice the coitus interruptus. Hysterical symptoms in those cases were the result of psychic disturbances traceable to the lack of sexual gratification.

We see from the foregoing that the disorders generally

brought on by coitus interruptus are neurasthenia, neuroses, and less frequently hysteria. I have also observed a few cases in which psychoses, (melancholia or paranoia) and physical disorders such as spinal disease developed.

But as far as spinal trouble and paranoia were concerned the use of preventive means should not be considered as the only cause but only as one of the various causes of disease.

It would seem as tho after the patient gives up coitus interruptus and resumes the normal form of intercourse or adopts some less harmful form of prevention one would at once observe an improvement in his condition if not absolute cure. Such is not always the case. Certain symptoms will persist sometimes for several years. The reason for this is that the coitus interruptus is replaced by another harmful practice, relative abstinence.

Patients may think that by indulging more sparingly in sexual intercourse they can better their condition but the result is quite the opposite. The various neurasthenic conditions and anxiety neuroses brought on by the practice of coitus interruptus finally become independent from what provoked their appearance and remain after their original cause has disappeared. Phobias in particular will persist for years after coitus interruptus has been given up. A sort of psychoreflex mechanism establishes itself which like all reflexes always reacts in the same way upon certain stimuli regardless of the original factor which caused that condition to appear.

Physicians do not exaggerate as grossly nowadays as they used to several years ago the supposed consequences of coitus interruptus. Some absurd notions on the subject, however, are still finding acceptance. For instance the belief that coitus interruptus can cause chronic prostatitis. Personally I have never observed such a case and Frisch in his monograph on the diseases of the prostate does not even mention coitus interruptus among the possible causes of chronic prostatitis.*

The same applies to the various disorders of the female genitalia which certain gynecologists would attribute to coitus interruptus. Dr. Theilhaber, the famous gynecologist, told me that women who in coitus interruptus fail to have an orgasm very often

* I beg very decidedly to differ both from the author and Dr. Frisch. I have seen sexual cases of prostatitis, in which the sole causative factor was coitus interruptus. Both the history and the result of the treatment gave unmistakable evidence. W. J. R.

suffer from lumbar pains lasting one or two days; they may also develop nervous ailments; some may have a discharge due to hypersecretion of the uterine mucous and nervous vesical troubles. No anatomical changes have been observed by Dr. Theilhaber who states, however, that coitus interruptus predisposes to myomas.

I had at a time the impression that the number of cases of neurasthenia due to coitus interruptus was on the increase; in the last years on the contrary I have felt that those cases have been less frequent. This is probably due to the fact that not only physicians but laymen are becoming better acquainted with the harmful effects of coitus interruptus. A knowledge of those effects should be spread among the public through all possible agencies. We must recognize that owing to the unreliable character of the various chemical and mechanical anti-conceptive means, people are rather loath to give up coitus interruptus. Industry and medicine have a great task ahead of them, the improvement of anti-conception methods. For even the poorest people* should be enabled to limit the number of their offspring without endangering their health or being put to exorbitant expense.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE SEXUALITY OF PLATO

BY L.G.

WE know very little of Plato's life except what can be culled from some of his writings or those of his friends. He was strong, broad-shouldered, with a large forehead and a thin feminine voice. He had a school for young men in Athens; and it is said his pupils were always neat and dandily fashionable in their dress. Of his sexual life we know nothing definite, and he was probably never married; at least I have never come across any mention or reference as to his being in a married state. More than that, in his "Republic," Plato does not like family life, nor appreciate the purposes for which men marry. But to know more about Plato's sexual life it is sufficient to examine his ideas on sex.

We must not forget that in Plato's time our present sex morality was unknown. People could speak freely on sexual matters,

* Even the poorest people. That *even* is delicious, why, it is just the poorest people who are most in need of the knowledge of contraceptive methods. W. J. R.

without the least shame; the word "pornography" was then unknown. The relations of the sexes were not kept secret, and the hetairae as well as the lower classes of prostitutes were considered as free women; poets composed songs about them, philosophers fraternized with them. Hence the unrestrained way in which Plato speaks of sexual relations.

And here is what we can make out of the whole sexual history. He says, in his "Symposium," that originally human beings were of three sexes: *men*, the children of the *sun*; *women*, the children of the *earth*; and *hermaphrodites*, the children of the *moon*. They were round, with two faces, four feet, and two sets of the same reproductive organs apiece, except in the case of the third sex; these had one set of reproductive organs: one male, and the other, female. Zeus, on account of their strength and insolence, sliced them in halves. Since that time, the halves of each sort have always striven to unite with their corresponding halves, and have found some satisfaction in carnal congress,—males with males, females with females, and males with females in the case of the halves of the third sex. They who are a section of the male, follow the male, and while they are *young*, being slices of the original man, they hang about men and embrace them; and they are themselves the best of boys and youths, because they have the most manly nature. And when they reach manhood they are lovers of youths, and *are not naturally inclined to marry or beget children*, which they do, if at all, only in obedience to the law; but they are satisfied if they may be allowed to live with one another unwedded; and such a nature is prone to love, and ready to return love, always embracing that which is akin to him." (Symposium, Jowett's Translation, 191-192)

This is his philosophic explanation of why some men prefer to love men, some women prefer women, and why some prefer the opposite sex. He noticed that there are men who prefer their own sex to the opposite sex; and as this was a question which interested him personally, he began to reflect as to what possible cause this phenomenon could be ascribed; and naturally his answer was that the man lover must surely be of a higher type, and therefore the man lovers are the children of the sun. At once the man lover becomes the higher, nobler man, above ordinary mankind. Plato is not the only one who thinks so; most man-lovers consider themselves above the ordinary.

Let us see how he manages to create the idea. Plato claimed

that the beauty of woman yielded satisfaction to the senses, but little beyond that. It was masculine beauty of youth that fired his imagination and passionate sentiment, and this is how he explained it.—“The sight of the living form, in such perfection, movement, and variety, awakened a powerful emotional sympathy, blended with aesthetic sentiment, which in the more susceptible natures was exalted into intense and passionate devotion. The terms in which this feeling is described by Plato, are among the strongest which the language affords. Far from being ashamed of this feeling, he considers it admirable and beneficial. In his view it was an ideal passion which tended to raise a man above the vulgar and selfish pursuits of life, and even fear of death.” (“Plato,” by Grote, Vol. II., p. 208).

More than that, he could not speak too highly about the man-lover; and here is another of his ideas: “He recognizes different varieties of madness, according to the God from whom it comes. Among the privileged madmen, he reckoned prophets and poets; another variety under the same genus is that mutual love, between a *male* adult and a beautiful, intelligent youth, which he regards as the most exalted of all human emotion.” (Grote)

So far we have dealt with his explanations of the causes which produce this passion. Now let us see how he describes the passion itself.

“The contemplation of a beautiful youth, and the vehement emotion accompanying it, was the only way of reviving in the soul the Idea of Beauty, which it had seen in its antecedent stage of existence. This was the first stage through which every philosopher must pass; but the emotion of love thus raised, became gradually *in the better minds* both expanded and purified. The lover did not merely admire the person; but also contracted the strongest sympathy with the character and feelings of the beloved youth; delighting to recognize and promote in him all manifestations of mental beauty which were in harmony with the physical, so as to raise him to *the greatest attainable perfection of human nature*. The original sentiment of admiration, having been thus transferred by association from beauty in the person to beauty in the mind and character, became gradually still further generalized; so that beauty was perceived not as exclusively specialized in any one individual, but as invested in all beautiful objects, bodies as well as minds.” (Grote’s “Plato,” Vol. II., p. 209).

This last is the stage which an invert reaches when he loses

his sexual instinct, and becomes attached not to a young man, but to beauty in general. As the man grown impotent eulogizes his impotence, so the normal invert elevates the ideas of his old age to the highest summit of perfection. It is thus Plato describes it: "And the mind would at last be exalted to the contemplation of that which pervades and gives common character to all these particulars—Beauty in the abstract, or the Self-Beautiful—the Idea or Form of the Beautiful. To reach this highest summit, after mounting all the previous stages, and to live absorbed in the contemplation of 'the great ocean of the beautiful,' was the most glorious privilege attainable by a human being. It was indeed attainable only by a few highly gifted minds." ("Plato" by Grote, Vol. II, p. 210).

Plato's idea of love is expressed thus: Everybody tries to attain happiness, but different people have different ideas of happiness. However this is not love: "Love is the impulse toward copulation, generation and self-perpetuation, which agitates both bodies and minds throughout animal nature. Desiring perpetual possession of good, all men desire to perpetuate themselves, and to become immortal. The love of immortality thus manifests itself in living beings through the copulative and procreative impulse, which so powerfully instigates living man, in mind as well as in body. Beauty in another person exercises an attractive force which enables this impulse to be gratified: ugliness, on the contrary, repels and stifles it. Hence springs the love of beauty—or rather of procreation in the beautiful—whereby satisfaction is obtained for the restless and impatient agitation. With some this erotic impulse stimulates the body, attracting them towards women, and inducing them to immortalize themselves by begetting children; with others, it acts *more powerfully* on the mind, and determines the conjunction with another mind, for the purpose of generating appropriate mental offspring and products. In this case, as well as in the preceding, the first stroke arises from the charm of physical, visible, and youthful beauty; but when along with this beauty of person, there is found the additional charm of a susceptible, generous, intelligent mind, the effect produced by the two together is overwhelming, the bodily sympathy becoming spiritualized and absorbed by the mental. With the inventive and aspiring intelligences,—poets like Homer and Hesiod, or legislators like Lycurgus and Solon—the erotic impulse takes this turn." ("Plato" by Grote, Vol. II., p. 212).

This description of Plato's Eros leaves a blank space in one's

mind: it looks as if this love were absolutely free from sexual relation; but this is not so. Embraces and talking are not sufficient for most men-lovers; the majority have unproductive sexual relations, which was the case with Plato as well.

When the man-lover becomes older, his desire for a young man disappears, and then Plato makes from it, as I mentioned before, a still higher step, a still greater virtue. "Occasionally, and in a few privileged natures, this erotic impulse arises to a still higher exaltation, losing its separate and exclusive attachment to one individual person and fastening on beauty in general, or that which all beautiful persons and beautiful minds have in common. This is the highest pitch of philosophical love, of which a few minds only are competent, and that, too, by successive steps of ascent; but which when attained is soul-satisfying. If any man's version be once sharpened, so that he can see beauty pure and absolute, he will have no eyes for the individual manifestations of it in gold, fine raiment, brilliant colors, or beautiful youths. Herein we have the climax or consummation of that erotic aspiration, which first shows itself in the form of virtuous attachment to youth." ("Plato", by Grote, Vol. II., p. 213).

Here we have the idea of Plato's love: what is it? It is ordinary normal sex-inversion; and of it, Ellis, who has made a careful study of this class of people, says: "the whole reminding us very closely of the confessions made by urnings in modern times, and preserved by medical or forensic writers on sexual inversion." ("Inversion" by H. Ellis, p. 229).

Here is the case of a sexual invert who makes out of his condition the highest possible virtue. Other people try to imitate him, not knowing that what was satisfactory to Plato cannot be satisfactory to the normal man; and hence a tragedy,—a combat between the demands of a normal human being and the ideas of a normal invert transplanted to an inappropriate soil; the outcome is prostitution. Because where in many cases the normal invert is satisfied with embraces and kisses, during the intercourse or communion of mind, to the acquired sexual invert this is not sufficient; his reproductive organs must above all be satisfied, and hence male or female prostitution.

SEXUAL ABSTINENCE IN MEN AND WOMEN.

BY PROFESSOR JOHANNES DÜCK

SUGGESTION plays in the life of the individual as it does in the life of the masses a tremendous part, but mass suggestion is perhaps the more powerful of the two. This holds good, naturally, in sexual life, that is in one of man's most essential activities.

Sexual life has been considered from two radically different points of view. Some writers consider sexuality as something wicked and unclean; others see in it the highest form of gratification, the thing that makes life worth living. We seldom meet people who strike a happy medium and see in the sexual life something perfectly natural which should be neither overrated nor underrated, which is entitled to a small place under the sun, but should be accorded that place. This minority is little influenced by suggestion for it consists almost exclusively of highly intellectual people with critical minds.

The masses of mankind, however, are divided up into two camps and will presumably always be. Each flock follows its leader whether that leader be a man of flesh and blood or a mere stock phrase.

This is strikingly illustrated in the case of sexual abstinence. Sexual life and the sexual urge are not supposed to exist outside of marriage; in every divorce case, on the other hand, the sexual element is so overemphasized that, in comparison with it, moral factors appear practically insignificant; and thus the door is thrown wide open to misrepresentation. The individual seldom dares to set himself up against views either forced upon him by mass suggestion or legalized by the statutes; neither does he dare to draw for himself the inevitable conclusions.

In this matter, however, the plain truth is more important than in any other matter! This is well shown by data I have collected and which represent the individual attitude to sexual abstinence.

From the 122 men whom I asked how they felt in regard to abstinence I received the following answers:

- | | | | |
|----|---------|----------|---|
| 18 | of them | or 14.7% | stood it easily. |
| 54 | | or 44.3% | bore it only with difficulty. |
| 31 | | or 25.4% | stated that they didn't abstain. |
| 19 | | or 15.6% | failed to answer or gave evasive answers. |

I may mention that among those who bore abstinence easily there were three catholic theological students between the ages of 19 and 23; their opinion does not really count. One other man is a pathological case; we find then 12 men or 9.8% to whom abstinence does not constitute a hardship. From the 54 men who consider it a hardship four are decided psychopathic cases; this leaves then 50 men or 41%. If we only take into account the 62 men who answered the question directly and whose testimony has any value, we arrive at a proportion of 12 men indifferent to the sexual urge to 50 who felt it strongly.

Literal quotations from the various answers I have received will show that the mode of life, in particular abstinence from alcohol, a vegetarian diet, sports and other forms of physical exercise, care to avoid excitement and finally the influence of mass suggestion play an important part in increasing or decreasing the sexual need.

Answers from male correspondents:

—I consider total abstinence as a crazy idea. All the continent people I know suffer from frightful nervousness. I have tried it out myself; continence for several undoubtedly leads to an increase of physical strength; the intellectual functions are not disturbed; but after a while, the body seems to be laden with sperm and pollutions become insufficient as a means of relief. All continent people and onanists suffer from anxiety neuroses.¹

They also suffer more or less from profuse perspiration. The more continent a man is the more he worries for he suppresses one of his most natural activities. On the other hand, I have never known anyone having regular sexual intercourse who was anxious or nervous. Continent students even when they are well prepared take their examinations with a good deal of fear and trepidation. Students who have normal sexual intercourse are in good condition and even the most stupid of them show in the course of the examinations an amazing degree of confidence. This type of man succeeds, the undersexed and those who indulge in self-abuse fail....

I have never observed any bad results from it, at least I haven't paid any attention to that....

—Abstinence affects me as badly as a disease. It makes me nervous, moody and unbearable, and I consider a woman as clever from the sexual point of view when she forestalls that condition by

¹ In this case cause and effect should be investigated.

lending herself to coitus pleasantly and without insistence....

—Yes for weeks at a time¹ abstinence agrees very well with me. It isn't a hardship for me, I may even be in close contact with my affinity and still abstain from sexual intercourse. Yet I am not lacking in temperament nor do I use any remedies to remain continent.....

—Well I follow a semi-vegetarian diet and only take mild condiments.....

—When I am continent for a long while I am terribly irritable and moody. When I have no normal relations, I masturbate.....

—I am married and when my wife is sick or away for any length of time I masturbate as I prefer that for many reasons to any adventures. I could remain continent for three or four months at a time, but sometimes only for a few days. The way one lives can help one much in the matter; don't eat too much, don't loaf, take much exercise and be so tired at night that you fall asleep at once. An evening spent in the theatre or in the company of women breaks up almost surely a period of abstinence. Desk work is also very bad, for it means enforced inactivity which allows the imagination to run riot. The best protection against the sexual urge is to repel such thoughts and desires at once and with the utmost energy, just as an ascetic would.

—I live about six months of the year in abstinence and stand it well; means: sports, abstinence from alcohol and repression of my imagination.

—I have once a month normal intercourse with one and the same woman, but cannot stand abstinence longer than eight days, after which I masturbate; otherwise I couldn't fall asleep.

—Abstinence is altogether impossible for me. I am married.

—I live in abstinence but stand it very badly and I resort to all sorts of palliatives to avoid commerce with prostitutes.

—Yes; means: activity, long tramps, music, rectal injections which provoke ejaculation. (The man is one of the theological students)

—I don't believe there can be abstinence without masturbation, (and this would be the only real kind of abstinence) except in the rarest psychopathic cases.

—I consider that abstinence is impossible for any man or

¹ But we are only considering those who abstain permanently.

woman who has had sexual intercourse. The right person only has to be there at the right time. A man cannot live in abstinence under any circumstances or else he masturbates secretly.

Among my women correspondents, five who had already had sexual intercourse and three who had never had any said that they bore abstinence easily.

Abstinence easy	8	19%
Abstinence difficult	21	50%
No abstinence	3	7.2%
Evasive answer or none	10	23.8%
	42	100%

After deducting virgins and psychopathic cases we find:

Five women unaffected and nineteen affected by the sexual urge.

I quote from some of the most interesting answers sent in by my female correspondents:

—As I have never had sexual intercourse, I stand abstinence very well, especially when my nerves are in good condition.

—I seldom masturbate; my days are so taken up with work that I never have time for any other thoughts and always feel dead tired at night; this is to my mind the best means to remain continent.

—I have frequently observed that continent men have little mental elasticity.

—I do stand abstinence very badly; I masturbate and need work badly in order to remain continent, but not only for that. It is only overwork that will repress my sexual desires....

—I could never remain abstinent.

—I would like to introduce you to my sister in law (a teacher). She is my age (over 30) and as she is not married presents the characteristics of the so-called old maid. She realizes the change in her and knows the cause of it. She feels it dreadfully, as she confessed to me once, when she was very depressed and all in tears. I feel a certain embarrassment about letting you look into that tortured woman's heart, but I say to myself: How many unmarried girls are there on earth who have to go through the same thing! It is well that some one speaks of it some time. Those girls are generally made fun of on account of their shyness, and nobody thinks that the world creates such types by decreeing that unmarried women must observe sexual abstinence. There are so

many reforms introduced into the world; why doesn't someone take up this question for the welfare of mankind and especially of the "old maids?" My sister-in-law asked me among other questions the following: "Isn't one woman as good as another? Why is it that only married women are allowed to satisfy all their sexual feelings? Have not single women the sex instinct as strongly implanted in them as the married ones?

"That every woman cannot marry is not such a misfortune, but the law which says that single women may not enjoy the same sexual gratification as young men do is a horror which, besides, has very bad results. For instance, it causes many unhappy marriages, for I know that many girls marry, not only to be taken care of but to be able, as married women, to satisfy their sexual desires. If girls were allowed to have sexual intercourse before marriage they could select a man more calmly on account of his mental and other qualities, which would constitute a better guarantee for a happy union. When woman demands the ballot the question may be put off with a smile, but when an unmarried woman demands the same recognition of her sexual life which a young man receives, this is a demand which should not be refused, for she alone is responsible for the consequences of that act. Forgive this lengthy letter, my dear Professor, but as you approach so kindly the subject of feminine psychology, you should know how we feel and what we think, and I am not speaking for myself alone. . . ."

—Sexual activity makes one more peaceful and satisfied, one thing I have observed in myself and others; that sexual abstinence should be conducive to unpleasant moods and ill humor is easily understood. Sexual activity has a direct bearing upon one's capacity for work. I once had a maid who never worked as hard as when she expected to be with her lover the following Sunday. The anticipation of sexual gratification made her feel more joy in her work.

—Every time I take alcoholic drinks I feel excited and I long to satisfy my sexual desires.

—I have so little sexual gratification that I consider my life as one of abstinence. I try to make my condition more bearable through hard work, both of intellectual and physical character, but I know that in the long run I will not be able to stand it. I would have left my husband long ago if I hadn't loved him. I will

ETIOLOGY AND PATHOGENESIS OF MASOCHISM 209

probably fall some day into the habit of onanism or slowly become insane.

—I am only continent from necessity, that is when there is no man handy.

—When I have neither sorrow nor worry I miss a lover terribly and I can't help masturbating now and then....

This investigation only confirms the statement made in very strong terms by Max Marcuse, that sexual abstinence is an important etiologic factor of disease.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

REMARKS ON THE ETIOLOGY AND PATHOGENESIS OF MASOCHISM.

BY RENÉ C. BRÉTEILLE, M.D., Paris, France.

In this paper I shall consider a problem which has never been solved, namely, what is the cause which produces in a person, the subject of acquired or hereditary mental degeneration, the development of a sexual perversion and why should a degenerate develop masochism, for example, rather than sadism, fetishism or a combination of these various perversions?

When one attempts to reply to this question, he immediately perceives that there are two contradictory hypotheses to consider, namely:

1. That of Schrenk-Notzing which, to explain all perversions, places chance in the foremost rank, giving preference to the hypothesis of an acquired perversion to that of a congenital one.

2. That of Krafft-Ebing, who maintains that active or passive algolagnia—which in reality is the result of an association of ideas, in the same sense as all the complicated phenomena of psychic life—is not the product of a chance association due to an accident or a coincidence, but that it is, on the contrary, born from preformed associations, that it exists from birth; in a word he admits a congenital origin of the perversion.

The first hypothesis is also that adopted by Binet who supposes that in all perverts "a marked incident has taken place, usually occurring at a time of the most tender youth, generally

coinciding with the first awakening of the *vita sexualis*, and producing a strong impression of a voluptuous nature, making a profound mental impression, which will be forever after retained as the principal object of sexual expression during life."

Without wishing to settle the debate thus put forward, we would say that each theory seems to us to contain a share of truth, in the sense that a congenital predisposition appears to us to exist in the pervert, but the perversion, such as it will manifest itself in the adult with all its characters and its particular modus, appears to us to be the result of a purely fortuitous cause occurring, as Binet remarks, in the most tender childhood, at an age when the brain is quite new, if we may be allowed this expression, and having hardly functionally served, retains with great distinctness the most trifling impressions acting upon it. In other words, we admit the existence of a soil favorable to the growth and development of the bad weeds, but we think that in order that these may be of such and such a kind some chance must intervene and bring the germ.

We believe that in the degenerate who carries with him from birth a predisposition for the development of all the perversions, it is necessary, in order to direct this predisposition in one direction or another, towards fetichism, sadism or masochism, that some fortuitous cause shall intervene which, in a normal subject, would pass by completely unnoticed, but which, in a predisposed person, will give free vent to the mechanism of the perversion. It is well known with what predilection these subjects generally like a very special *mise en scène*, always the same, and we do not hardly see how this peculiarity of their psychism can be explained otherwise than by the desire of always repeating a scene which one day became engraved upon their mind, to be retained during their entire existence. However, we believe that one should take into account, as has been pointed out by Régis, "the temperament and idiosyncrasy of the individual," so that it happens that "in presence of the same condition, degenerates can be obsessed with a different perversion, some becoming for example, masochists, others sadists at the sight of a good spanking."

To support our hypothesis the two following cases of fetichism, seem to apply. The first (mentioned by Krafft-Ebing) was that of an individual, a footwear fetichist, who in his adolescence was manipulated by his dissolute governess. During these manoeuvres his eyes fell upon the very elegant shoes of the woman

and this sight made an impression so profound that at the age of 32 years he had still retained a vivid memory and considered this incident of his youth as the origin of his perversion.

The second case of the same type, taken from Hammond, was a subject who, at the age of 7 years was induced to practice masturbation by his nurse. "The first time X found pleasure in these manipulations, cum illa puella fortuito peda calceolo tecto penem fetigit." This fact was enough to create in the child the association of ideas from which arose the perversion.

Both these subjects were degenerates who had a morbid predisposition from birth and in whom a commonplace incident, the sight or contact of a female shoe, was sufficient to create a fetishism of footwear.

Now, what is true of fetishism, can it also not be true of masochism? And if one admits that contact or even the mere sight of a female shoe can, as in the above mentioned case, under certain circumstances in a hyperesthetic subject create shoe fetishism, why not also admit that a flagellation, or the mere view of a flagellation, or more generally a scene of some form of subjection, can also under the same circumstances be the starting point of the psychosis, the nucleus around which, in a degenerate, shall develop the entire sphere of masochistic ideas?

Rousseau's case is known. The flagellation to which in his childhood the great philosopher was subjected at the hands of Mademoiselle Lambergier was clearly the starting-point of his perversion. And it may very well be assumed that if Mlle. Lambergier had, for example, instead of whipping the child, acted as did the governess in the case mentioned above, she would have caused in him the development of shoe fetishism instead of making him a masochist. We shall see, if we study the case of Sacher-Masoch that the same conclusions are arrived at.

In an article published April 21, 1888, in the *Revue Bleue* in which the writer attempts to explain his psychosis, Sacher-Masoch relates that "when still a child he already had a marked preference for cruel treatment, accompanied by mysterious and voluptuous chills," and he narrates an infantile adventure that shall be here transcribed, because it appears to us as the causative factor which directed the congenital predisposition towards the passivism admitted by the writer, a predisposition which at the origin could only have been of an objective type.

The story of this adventure is as follows: One day Sacher, who was a small boy, went to take tea with his aunt. Let us call her Countess Zenobie. A superb woman quite as beautiful as frivolous. For some unknown reason the child hid himself in his aunt's bedroom behind a clothes-hanger, when suddenly the aunt came into the room, followed by a fine looking young man. "I was, he relates, on the point of making my presence known by sneezing, for the desire was difficult to control, when suddenly the door was violently opened giving entrance to my aunt's husband, who rushed into the room with two friends. His face was purple and his eyes flashed. But while he hesitated a moment, undoubtedly deciding which of the two lovers he should first strike, Zenobie forestalled him.

"Without a word, she jumped up, rushed upon her husband, and gave him a blow of the fist in the face. He tottered. The blood flowed from his nose and mouth. However, my aunt did not seem satisfied. She seized her *kantkchous** and brandishing it, showed the door to my uncle and his friends. All, at the same time, took the opportunity to disappear and the young adorer was not the last to go.

"Just at this moment, the unfortunate clothes-hanger fell to the ground and all the anger of Zenobie was cast upon me.

"'What,' she cried, 'you were hidden here? Take this, which will teach you to act the spy!'

"I endeavored my best to explain my presence and to justify myself; in a second she had placed me on the carpet; then seizing me by the hair with the left hand, and placing a knee on my shoulders, she began to whip me vigorously. I grated my teeth with all my might, but in spite of all the tears came to my eyes. But it must be admitted, although struggling under the blows of the beautiful woman, I experienced a kind of joy.

"Undoubtedly her husband had more than once undergone similar sensations, for soon he returned to the room, not as an avenger, but as humble as a slave. And he threw himself upon his knees before the perfidious woman, asking her pardon, while she pushed him away with her foot.

"Then the door was locked. This time I was not ashamed and I began to attentively listen at the door, perhaps from vengeance, perhaps also from boyish jealousy, and I again heard

* Kantkchous, a kind of whip.

the snapping of the whip which I had, myself, tasted shortly before. This occurrence became branded on my brain as with a red-hot iron."

Is not this flagellation the causative incident referred to by Binet, and which produces the great impression of a voluptuous nature and deeply involves the mind, so that later on in life it remains the principal object of sexual gratification? I am well aware that it may be objected to on the ground that in many cases, even the majority, this original spark which should have given fire to the powder and set free the mechanism of the psychosis in a defective brain cannot be found. But to this argument we may give the reply which a celebrated syphilographer made to those who tried to show that general paralytics and ataxies showed no trace of a former syphilis: "It is because it has passed by unnoticed by the patient, or because you did not know how to find it."

At all events, this explanation appears to me more rational and more clear than that offered by certain German psychopathologists (and which Krafft-Ebing subscribes to) who endeavor to explain the origin of masochism as simply an exaggeration of the feminine sexual character, just as sadism is the exaggeration of the masculine sexual character. Here is what Krafft-Ebing has to say on the subject:

"In the female, the voluntary submission to the opposite sex is a physiological phenomenon. On account of her passive part in the act of procreation, likewise the customs of society of all times, in woman the idea of sexual relations belongs generally to the idea of submission. It is, so to speak, the tuning-fork which regulates the tonality of feminine sentiments. Consequently, it is proper to consider masochism as a pathologic excrescence of the psychic elements, particularly in women, as a morbid accentuation of certain traits of her sexual phycic character; therefore, its primary origin should be sought for in the female sex. The conclusion is evident: masochism is a legacy of servitude of the feminine ascendants and, in this way, enters into relationship although distant, with sexual inversion from the fact that a perversion which should belong to the female is transmitted to the male."

This fashion of looking at masochism as a rudimentary sexual inversion appears to me somewhat subtle and for that matter, it only displaces the question, because in this hypothesis the problem of sexual inversion still remains to be settled.

As it is clearly seen, it is far from our thought to offer complicated theories and to endeavor to explain a psychosis of which everyone can find examples. Neither is it our pretension to solve a problem of psychopathology upon which eminent neurologists are not in accord. We merely wished to show in what way we look upon a question that has always been of interest to us and we believe that we are now able to draw the following conclusions:

1. Masochism is a psychic stigma of acquired or hereditary mental degeneration. It does not exist at birth but requires a causative factor to reveal it, a factor which in the normal subject would be without consequences but which, in the degenerate, is sufficient to create the perversion.

2. Masochism has always existed, but at the present time it seems to be on the increase, like other sexual perversions and for that matter, all mental diseases. The causes are: the nervous influences of our century, the results of intellectual overwork and also, perhaps, the development of the feminist doctrines, and the great changes wrought in the social condition of the modern woman.

MASTURBATION, ITS CAUSES AND SEQUELLAE.*

BY A. A. BRILL, PH.B., M.D.

EVER since I became cognizant of the importance of certain biological principles in our psychic life, I entertained a strong wish, which I had often expressed, that sexual education should begin at home, and that the parents, especially the mothers, should prepare themselves to become the teachers thereof. It was, therefore, very gratifying to me when I was asked by you, a society of mothers, to address you on the subject of masturbation—the *bête noire* of the sexual problems. For no other phenomenon has received as much space and consideration, no other phenomenon has been so confusingly presented or misrepresented, as the subject of masturbation. Volumes have been written about it. For centuries it has been a favorite discussion among physicians and theologians, and, like the sword of Damocles, it has been hanging over the heads of almost every civilized being. Nor is the question settled to-day. One continually hears new expressions of opinion concerning its causes and effects; and notwithstanding the views of the most

* Read before the Federation of Child Study.

prominent sexologists of the day to the contrary, most laymen and physicians still hold masturbation responsible for nearly all ailments that the flesh or the mind may fall heir to. This is particularly observed in reference to cases of nervous and mental disturbances, few of which are to be found free from masturbation conflicts. For even if the patient himself does not think of it, his relatives or physicians are sure to discover it, and to explain thereby the diseased process.

Perhaps the most noteworthy peculiarity about the subject of masturbation is the fact that notwithstanding the works of such eminent sexologists as Havelock Ellis, Bloch, Rohleder, Moll, and others, as well as the positive assertions of the most prominent psychiatrists, the laity as well as most physicians still adhere to the old medieval idea concerning it. It is for this reason that I consider it well worth the effort to review the opinions of some of those authors and to add what my own psychoanalytic experience has taught me about it.

When one examines the sexual life of any person, one finds that at some period of his life almost every individual resorts to auto-erotic sexual outlets in the form of masturbation. All authors agree that the overwhelming majority of boys masturbate at some period of their lives, and some hold the same claim for girls. Thus Havelock Ellis and Moll define masturbation in the narrow sense as a process by which the hands are used to excite one's self sexually; and in the broader sense they apply it to all cases wherein friction is used by the individual on himself for sexual purposes. Concerning the universality they say: "Masturbation in the broader sense is an almost universal manifestation in animals and human beings of all lands. It is so widespread that, strictly speaking, we cannot call it abnormal." These statements express the opinions of most sexologists. The statistics given by authors are usually very high. They all agree that the great majority of boys masturbate; some maintain that it is almost as high as 100 per cent, others give lower figures. My own findings agree with the former. I found few men who have not masturbated, although I cannot claim the same percentage for women. According to Moll and others, one occasionally meets some healthy sexually normal men who claim not to have masturbated. Other authors, however, maintain that such persons are, as a rule, of a weak sexual constitution in the first place. Out of many hundreds of cases I found few men who seemingly never masturbated, and these all

evinced an abnormally weak sexual make-up. Thus one of these men, a professional man of thirty-eight years, assured me that he never masturbated and rarely experienced any feelings of sex. As far as I could discover in one interview he was practically asexual in his emotions. He consulted many physicians about the advisability of marrying, as he himself had no real urge to do so. The others were of the same type. Moreover, it is not always proper to judge by mere answers. Many deny masturbation because of shame or fear, while still others do not know that they have been masturbating. This is especially true of women who masturbate through friction of the thighs or erotic fancies. In analyzing persons it is not rare to find some who deny masturbation for months, only to admit it later. One of my patients admitted having masturbated for years after she had denied it for over six months.

As I said above, many observers maintain that girls masturbate less frequently than boys, while others state that it is just as common or even more common among girls. Guttzeit, basing his statement on a thirty years' experience, assumed that almost all girls masturbate who attain the age of eighteen or twenty without any opportunity for sexual intercourse. Rohleder asserts that after puberty girls masturbate more frequently than boys. Among one hundred women, he found ninety-five masturbators.

Concerning its causes, all authors agree that any external irritation of the genitals, such as pin worms or tight clothes, may bring about masturbation in children. Servants often initiate it in their charges at a very early age. Some are taught to masturbate by other usually older boys, while over 50 percent of my cases started it without any outside help after such innocent activities as climbing up or sliding down a pole.

It is also well known that there is an infantile masturbation, which some claim is almost universal, while others maintain that it is only common. Be that as it may, there comes a time in the life of every individual when the sexual feelings become manifest, and as he is not able to gratify it, he usually resorts to some form of masturbation.

As I do not think it necessary to dilate further on the frequency, varieties, and causes of masturbation, all of which are fully discussed in the works of the authors mentioned above, I shall continue with the discussion of the dangers of masturbation. Almost every layman and nearly all doctors believe that mastur-

ABSTRACTS

THE AWAKENING OF SEXUALITY

BY PROFESSOR LUDWIG FRAENKEL, M.D., Breslau.

Woman in sexual life represents the passive or receptive side; this holds good also when we consider the awakening of sexuality. A healthy and sensitive woman, may, unless sexual enlightenment is forced upon her, never know anything about sexuality; she does not feel as a man would, a want which must be gratified. Even the curiosity as to the origin of life, so keen in children, is not as developed in the girl as in the boy; it does not constitute for her a mystery which must be elucidated, neither does it verge on the prurient or the illicit. When a girl discovers the truth, either she thinks nothing of it, especially if she is very young, or prompted by a hereditary instinct of her own destiny, or her kinder disposition, she considers it in a more mature, more reasonable way than a boy would. As sympathy and adaptability are in the main feminine qualities, she will have a more sympathetic understanding of the suffering connected with childbirth, especially if it is her own mother who has stated the facts to her.

And thus it is that the childish habit of mysterious confabulations is less prevalent among girls than among boys. Also one can readily observe that vulgarity and the desire, so prevalent among boys, to excel in it, is almost absent among girls. Among the reasons for this fact we may mention that indecent reading, nude or obscene pictures do not affect the female child if she is normal, for pictures of the feminine form, so frequent in art and literature, can not excite so much curiosity and surprise in girls as they do in boys.

THE CHANGE OF LIFE IN MEN (*Climacterium virile*) BY

DR. KURT MENDEL.

The title is startling; people to whom every new idea appears utopian will call this an idle fancy. Such a judgment would be most unjust. The phenomena which the author describes had been observed by careful and experienced physicians. Only they failed to find, or even to seek explanations for a set of symptoms which they attributed to some form of neurasthenia.

Kurt Mendel traces them back to a male climacteric and his argumentation is much more convincing than he himself, in his modesty, seems to think.

The term *climacterium virile* is not of his coinage. We find allusions to it in the English literature of the subject. The author's father, the late Dr. E. Mendel, the famous Berlin psychiatrist used to present to his students at every term a case which he diagnosed as *Climacterium Virile*.

It is a fact that the sexual life of man is divided up into certain "periods." Symptoms which correspond to the woman's menstruation have been frequently observed in man. We all know that there is for men as for women a crisis of puberty although its symptoms are not as marked in men as in women. Why should it appear strange that man also should pass through a critical age differing only from the woman's "critical age" in so far as man's sexuality differs from woman's?

In the course of the past ten years Kurt Mendel treated thirty patients whom he entered in his journal as suffering from "*climacterium virile*." They were men between 47 and 57, the majority of them, however, between 50 and 54. They were easily affected and were subject to crying spells, to sudden rises in temperature, anxiety, palpitations, sleeplessness and other symptoms which they had never presented before and which are characteristic of woman's climacteric.

As far as their sexual activities were concerned the patients all declared that from the time their trouble began, or even before that, their libido had decreased considerably and either remained at low ebb or disappeared entirely. Some of them, on the contrary, witnessed an increase of their libido after the crisis had passed.

Until the inception of that crisis all the patients had indulged in normal sexual intercourse, were married, had had children but none of them became a father again after the crisis. The patients were normal in every other respect, none of them presenting any symptoms of neurasthenia or arteriosclerosis.

The crisis lasted, as far as Mendel's patients were concerned, from ten months to four years but in the majority of cases from one and a half to three years; most of them recovered entirely but some of them never regained their former freshness.

The author discusses the diagnosis of this trouble and its

pathogenesis. The latter, he says, is the same as in the woman's climacteric. The troubles accompanying man's climacteric are due to a cessation of the inner secretions, in particular to a decrease of the activity of the seminal glands.

Dr. Mendel discusses also the proper treatment of such cases and touches upon their legal aspect, an important phase of the question; for the psychic changes due to the climacteric may awaken or increase in man, as we know they do sometimes in woman, certain criminal tendencies.—DR. MAX MARCUSE

EXTRAGENITAL SYPHILITIC INFECTION

A case of extragenital syphilitic infection is reported by Dr. W. W. CADBURY, Boston (*J. A. M. A.*, March 18, 1916), with the object of calling attention to the need for greater care against infection. It shows also that since the introduction of the serodiagnosis, many cases of unsuspected syphilitic disease may be brought to light. The patient was a physician, aged 29, with good health history, who in active surgical practice developed what he supposed to be a felon on his finger and his opinion was supported by another physician who examined it. The sore was a troublesome one, but finally healed after about six months of local treatment. The following autumn there was a mild epidemic of dengue, and he thought he had an attack, suffered for several days with pains in his bones and joints and had an eruption over the body resembling that seen in dengue. Following this he suffered a good deal from insomnia and lost weight.

His wife had been perfectly well during her husband's illness, but in the eighth month of pregnancy her older child kicked her in the abdomen and all sensations of quickening ceased after that, and ten days later a macerated fetus was born; the death was attributed to injury. The next year, 1913, she noticed a transient tendency to loss of hair. In October, 1914, an apparently healthy child was born at term. In its fifth week it was brought to the hospital with a story of a slight cold in the head for several days. Examination showed the infant to be moribund. There was a scaly eruption about the finger nails and the liver and spleen were enormously enlarged. These were removed, and syphilis being suspected, spirochetes were found in their substance. Both parents gave no history of syphilis, but both gave positive Wassermanns and were put on vigorous salvarsan treatment until the tests were negative.

Letters to the Editor

HUMAN DOCUMENTS.

Dr. W. J. Robinson, New York, N. Y.

My Dear Doctor:—I would greatly like your opinion and advice on a certain project which I have in mind. I have been in the active practice of medicine for the past twenty-five years. Fourteen years in general practice on the frontier; eleven years as a surgeon. I have built up a large practice as a surgeon and been very successful. I am now about to sell out and see a life where I and my wife could have more leisure. I have large western interests and intended at first to keep myself occupied with them but now another idea has occurred to me.

This morning I am operating on a case of pus tubes and general pelvic peritonitis in a young married woman some months after her first child. I think that during the years of my practice I have seen more misery, real suffering, both mental and physical, from trying to follow the present day social standards, than from all other causes put together. I think that there is vast room for improvement all along the line.

I, too, have not escaped. As a child I had no home and from the age of four to six I was under the control of a vicious sexual pervert whom the public, because he was active in church work, considered a saint. About the age of ten I again fell under his personal authority until old enough to run away. In later life, sexual affairs have brought serious problems and much suffering to me. Now I am again facing a crisis.

Your books and writings have been a help to me. I am not only trying to improve myself but pass the good things along to others. Now I shall soon locate in a large western city and I do not want to make any mistakes. I want to do as much good as possible while I live but I want to be sure that I am doing real good and not the imitation reformer stuff.

It has occurred to me that there is a field for an earnest, sincere man to build up a practice as a sexologist. Consultations on sexual problems. I see many strains and stresses in the lives of my patients and others that might be avoided or prevented by timely advice. My question is whether I, locating in a city of over 200,000, population, working through the profession in a strictly ethical way, can make a success of this kind of work. There is a great need of it I think. I do not intend to treat physical disease

. but to advise my patrons on sexual and domestic problems and educate them to a better standard of life and conduct so far as possible. I would like your opinion of the need and likelihood of success of a move of this kind. I realize fully that individual success is largely a matter of personality, tact and adaptability after the necessary knowledge has been secured.

I am where I am able to live or exist without active effort and wish to give up the strenuous work I am now doing. At the same time I do not wish to be idle and I wish to be of service to the race in some way in whatever line I take up. This line appeals to me and I think there is a field for it. In your opinion is it practical under present social conditions? Yours truly,

A. B. C.

[Yes, it is an excellent idea.—Ed.]

Dr. Wm. J. Robinson, N. Y. C.

Dear Sir:—I have just finished reading your book “Limitation of Offspring,” and God only knows what it would have meant to me had it been placed in my hands years ago, for I believe it clears up one of the greatest mysteries of my life.—My case is very unfortunate and unusual, at least it seems so to me, but regarding the “mystery” above mentioned, my father and mother were good christians, and lived together without serious quarrel till death separated them, yet I never saw a kiss, caress or anything of the kind in the family,—always a strange reserve. I once overheard father say, when soberly discussing proper relationships in the family, with fellow officials in the church, that his wife asked for every one of her children, undoubtedly intimating that the marital embrace occurred those six times only. The new light you have thrown upon life is that this embrace is not a mere breeding act between animals, but a love expression, or rather *the ultimate* love expression, and that when the emotional nature is squelched by sheer willpower, and held in subjection beyond the proper intervals indicated by nature and science, then the ordinary love expressions are apt to grow stale, and love itself atrophy and die.

My unique, though extremely unfortunate case may interest you. Am the youngest of a family of six boys, “the most bashful boys in town” we were called, and as father did not believe in young folks “going together” until of “marriageable age” I acquired the habit of shunning the society of girls, and the habit stuck. At the age of 25 I had never so much as once called upon a “lady friend,”

or walked along the street with one, and now at 35 I am just waking up to the fact that I have not begun to live, have been merely enduring a lonely existence, for neither these lips nor cheeks have once been pressed to those of a woman. And yet my very nature cries out at times so that I can hardly sleep;—alone in this old world, and without a helpmate.—

Such a parent of course had no confidential talks with his boys; we were not at all intimate, and I injured myself in ignorance. When I learned what I had done, my shame was such that I made up my mind although a mere lad, never to marry. Between the ages of 16 and 19 I lived absolutely pure, but then chancing to see an exhibition of heat by a high school girl soon to graduate and marry, an exhibition I had never before seen, the old evil returned and I have never since regained such mastery.

Some time ago, realizing that my style of life was all wrong, and believing that many men had happy homes who were no wortier than I, I sought medical advice, and after a thorough examination was told that there was no reason in the world why I should not marry, in fact I was advised to marry so as to get the load off my mind and have something else to think about. Since then I have tried to be a little more sociable, but of course no young lady would ordinarily understand me,—they prefer a ready-polished specimen, thoroughly at ease in all his dealings with women. (Not to mention how and where this ease may have been largely acquired)—I have a good trade, one furnishing considerable exercise,—have traveled in numbers of states,—have never used liquor or tobacco and spend most of my evenings quietly in my room in reading, study or writing. But in spite of a quiet clean life my desire at times is such that before reading your book I thought it altogether abnormal, and shy as I am, unless I should find a mate who has some little passion on her own account, I fear that I would be worse off than ever. But there is no way to find such a one, big-hearted and sympathetic. Her physician might know that she was not one of that large class who merely submit instead of taking pleasure in the attentions of their mates, but he is bound by everything conventional, professional and sacred not to render real and rational aid in such a case. He may administer anything however bitter, but he may not “write out a joint prescription” as I heard one doctor jokingly express it, not even if voluntarily requested to so apply the science and wisdom at his command. For Mrs. Grundy seems to dictate that we miserable mortals must find

mates positively by chance alone, and then be happy or miserable according to luck.

A young lady in whom I am somewhat interested once told me that her ideals were those of Mrs. Mary Teets, as outlined in her book "The Way of God in Marriage." Possibly this is the only treatise she has read on the subject, extreme and lacking in a broad understanding as it seems to me, but I would not make her unhappy, —not for the world.

N. N. N.

Dear Doctor Robinson:—You have asked in either the Critic and Guide or the American Journal of Sexology for human documents. Here is one—written on my business stationery as an earnest of good faith, though for obvious reasons if you use my experience I must ask that location facts be not used.

I was married three years seven months ago to a woman splendid in every way and as truly a helpmeet as man could wish. She was 28 and I nearly 30. In due season—a bit over two years ago there came a baby girl, as welcome and looked for as babies can be. Can more be said than that?

The mother was slow in recovering, so with a hesitancy, but with her welfare in mind I asked the obstetrician, a man high up in his profession, how to keep from having more children till they should be sure to get the welcome needed. A _____ was advised.

The _____ was faithfully used, but circumstances of a sort not needed to be told here prevented its use one night soon after the wife had menstruated regularly following the birth of her baby. The seeming inevitable happened and 18 months from the birth of the girl there was born to us a strapping boy.

The wife recovered nicely and loved her boy even more than the girl, strange as it may seem. Now the _____ was used with redoubled care, even to cutting short some of those happinesses a man and wife find in one another. Seven weeks ago, when the boy was 6 months and the girl two years old the wife menstruated again. Indications were that it was normal, though unexpected for she was still nursing her baby. Marital relations were interrupted for nearly a week following the menstruation, then cautiously resumed.

Four weeks passed from the beginning of the previous menstruation and the expected flow did not appear. This was not thought strange for the wife thought that by being "lazy" the flow would not appear. Such seemed to be the case.

Three days following, about eight A.M. she complained of being constipated. An enema was given—with seeming proper results. As she had a rather bad pain across the *top* of the abdomen she laid down and I asked a good neighbor woman to look after her so I could go to work. This was agreeable so I went—returning at 3.30 P. M. She was now in much pain and distress. The doctor I called said he couldn't come and via telephone diagnosed the trouble as jaundice. I was not satisfied and called another physician. He came, said there was a severe abdominal condition and called in a surgeon—one of the best in the city,—too late—my wife had ruptured an extra uterine pregnancy and she died of the hemorrhage resulting, a few short distressing hours later..

Thus are left two small children motherless, a lonely, home-loving man without his truly better half. Why? Why? Simply because we were not informed of proper contraceptive measures. And worse and worse, my wife truly wanted two more children—and under proper conditions would no doubt have had them.

You may be sure that my opinion of the priests, the Puritans and the politicians that prevent the spread of the knowledge of contraceptive means is as hot as the hell fire they prate about as punishment for the wicked—yes, hot as the electric arc multiplied by thousands. But that does not bring back my wife, dead these three past weeks.

There, Doctor, is my story without the frills that might be added by one better at writing than I. Nor have I gone into the details as much as might be—how the wife was bothered with constipation pains for years—and also occasionally had delayed periods, all conspiring to avert suspicion from the emergencies of her last sickness. I could call myself an ignorant donkey—but what's the use. That does not solve any problems. The surgeon says her's was a most unusual case—that it all was extraordinarily quick in action. Slight comfort there!

In closing, Doctor, let me say that often the wife and I used to read your two magazines, particularly the Critic and Guide, together, she sitting on my lap. While we did not agree with all, we did agree with the propaganda on the prevention of unwanted conception. There, I've taken enough of your valuable time—excuse blots and poorly spelled medical terms. Pardon the liberty taken to send this registered and marked personal. I hope to meet you some day; believe me,

Sincerely yours,

X. Y.

bation is very dangerous to mind and body. These ideas are kept alive and disseminated by quacks who, in order to enrich themselves, threaten the masturbator with all sorts of terrible punishments. Everything is explained by masturbation—palpitation, indigestion, aches and pains, leucorrhea in women, and every form of nervous and mental diseases in both sexes. Pamphlets are distributed, lectures are given which describe the horrible results of masturbation, and New York City still boasts of museums "For Men Only" where the horrors of masturbation are vividly depicted in writings and in wax figures. It is sad to state that most doctors entertain similar ideas. Hardly a month passes during which I do not see at least one patient whose neurotic or mental affliction is not attributed by the family physician to masturbation. These ideas have existed for centuries, and, although Griesinger began to dispute them in the middle of the last century, they are still flourishing. Griesinger maintained that it was not masturbation that did harm, but the inner conflict that accompanied it. He said that it was the shame, the reproach, the self-depreciation, the breaking of good resolutions which caused nervousness. He also destroyed the old cherished idea that a masturbator can be recognized by his physiognomic expression, such as rings under the eyes, etc. Griesinger's ideas were taken up by many investigators who after careful study, came to the same conclusions, and to-day all observers agree that the dangers of masturbation have been greatly exaggerated. Thus Bloch states, "To-day all experienced physicians occupying themselves with the subject of onanism and its consequences are of the opinion that moderate masturbation in healthy people does no harm." Moll expresses himself in a similar manner. "It is more than doubtful," he says, "whether, as far as adults are concerned, occasional masturbation is necessarily more harmful than normal sexual intercourse." Similar views are held by Kiernan, Ellis, and others. Most of them agree, however, that excesses may do some harm. Some authors, notably Stekel, maintain that the neurasthenic symptoms one finds in masturbators are always of psychogenetic origin, and are the result of feelings of guilt and fear. This idea is not shared by Freud and other psychanalysts, who believe that as masturbation is not an adequate sexual outlet, it may contribute to the formation of the actual neuroses. Freud, however, adds that even the actual neuroses (neurasthenia and anxiety neurosis) can be indirectly influenced by psychanalysis. Moreover, it was found,

years ago, that there was no definite line between the actual and psychoneuroses, as the former always showed psychic factors besides the somatic sexual injuries, and Freud therefore proposed the term "anxiety hysteria" for the whole group.

Personal experience with a great many cases leads me to the conviction that *moderate* masturbation does not in any way injure the brain or cord, and has no direct pernicious influence on physical health. To be sure, many cases came to me with rather severe nervous symptoms of the "anxiety neurosis" type which were attributed to masturbation by the patients themselves. But examination invariably showed that the symptoms were mainly due to the psychic conflicts. I could always definitely demonstrate to the satisfaction of the patient that so long as he had no conflict he was not affected by his masturbation; but as soon as he became aware of the harmfulness of it through friends, books or lectures, and began to struggle against it, the symptoms soon appeared. Perhaps one of the most typical cases that came to my attention was the following: About six years ago I was asked to see a young student of twenty-one years who was said to be insane. The history as given to me by the physician and the patient's mother stated that the patient was well till about ten days before, when he suddenly became nervous and depressed. He was constantly afraid of insanity; he was very restless and agitated, paced the room, cried much, slept little, and hardly took any food. The patient made the impression of an agitated depression, but the picture was so varied that I was at first uncertain as to the diagnosis. I soon found, however, that the symptoms as he enumerated them and his attitude and manner did not fit into any of the psychoses that I had in mind, but they readily corresponded to the horrifying descriptions of the results of masturbation as given in quack literature. On being questioned he stated that he began to masturbate at the age of eleven, and continued on an average of four or five times a week until about two weeks before I saw him. At that time he suddenly discovered, through a friend who loaned him a book on the subject, that masturbation drives one crazy, etc., and soon thereafter he began to fear insanity and felt all the symptoms enumerated in the book. Up to the time of this disturbance he was a bright student, and stood high in his classes and was absolutely well. After a few conversations, when I convinced him that masturbation cannot cause insanity, and

showed him how he reproduced every symptom given in the quack book, he soon became himself.

That masturbation does not interfere with physical health is well demonstrated when one examines masturbating children. E. Neter recently reported twenty-six masturbating children—eighteen girls and eight boys—all of whom were not above the age of six years; he found that neuropathic tendencies or heredity played no essential part, and that the children themselves were in good physical condition. Their psychological behavior, however, showed much resemblance to the adult masturbator. Similar views were reported by Friedjung and by C. W. Townsend, who reported the case of a masturbating infant eight months old. He says, "The child was quite healthy." Moll instituted inquiries about patients whom he saw as children because of masturbation; and after ten, fifteen, and twenty years he has been "astonished to learn how well boys, who from the age of eight, nine, or ten had masturbated for several years, had developed as youths and full-grown men. I have had similar experiences in the case of girls." Of the many cases of masturbation that were reported to me by parents about their children, none showed any physical disturbance that I could discover which could in any way be attributed to the masturbation. On the other hand, as soon as the parents or servants made them conscious of committing a crime, they reacted to it almost like adults.

Without citing more cases or authorities, I will repeat that I agree with those who hold that masturbation does not exert any harmful influence on the physical health of normal persons. Those dangers of masturbation which are mentioned by some authors, to wit, that it might become a fixed habit or lead to excesses, I have found only in some psychopathic types. The average normal individual always passes over from the autoerotic stage to the love object, and then only rarely, if ever, resorts to masturbation.

However, to say that masturbation does no physical harm does not in any way imply that one may masturbate with impunity. While I do not consider masturbation an unnatural vice, but a natural manifestation of an impulse, I believe with Von Hugo-Hellmuth that it must be controlled, especially if prematurely developed or excessively indulged in, otherwise it has a deleterious influence on the emotional or psychic characteristics of the individual. A child who masturbates much during the latency period

(between 4 and 9), especially under conflicts, may injure his capacity to sublimate on higher aims, such as education. Also in adult life the conflict ensues sooner or later, and the person then develops definite characteristics. According to Sadger, chronic masturbators are socially timid, unkindly disposed, scrupulously truthful [a rather unique statement. W. J. R.] and devout; they show a tendency towards secretiveness, and entertain ideas of observation and persecution. Such characteristics do not tend towards personal happiness.

Whether it is due to the fact that masturbation does not gratify the acquisition impulse (*Bemächtigungstrieb*) as asserted by Federn, Reitler, Sachs, and others, and thus inhibits its development, chronic masturbators are not good mixers—they lack that active aggression which every male animal must possess to fit him for the competitions and struggles of life, especially in relation to the preservation of the species. I know a number of such individuals, some of whom are quite successful in their various endeavors, who are very backward in their love life. They are usually too lazy to enter into competition of the love game. Such traits are surely not desirable for our sons and daughters.

There are many other psychologic factors connected with masturbation such as its relation to the formation of the psycho-neuroses, its larval forms, as well as its association with hysterical fancies and dreamy states which I regret to be unable to discuss here.

In view of what has been said, one can easily surmise what attitude to assume when confronted with masturbation in children. We have mentioned above that like any other form of development, masturbation must be controlled, but in exercising it the utmost care must be taken. Above all, we cannot over-emphasize the fact that the old policy of threatening and punishing never cures—it usually deviates it to some other abnormal path—and does an untold amount of harm. It is unfortunate that parents know so little of the great harm that comes to masturbating children as a result of threats and punishment. Only through psychoanalysis can one discover these pernicious influences. Of the many cases that gave me a history of having been punished and threatened by parents or guardians, very few really gave up the practice. They continued to indulge in it secretly under severe anxiety and self-torture, an indulgence which was bound to leave its traces on their whole character. The struggles, the depressions, and the

reproaches that such children go through beggar all description. Besides these conscious pangs they develop many strange psychoneurotic symptoms which may constrain or incapacitate them for the rest of their existence. To illustrate some of these influences I will cite the following case: A married man was left by his wife a few weeks after their wedding. Her parents took her home, and were ready to bring about a legal separation because the young husband could not consummate the marriage contract. Psychoanalysis showed that he suffered from a "castration complex" as a result of having been threatened by his father at a very early age (between 3 and 5). He recalled that at that age his father detected him playing with his genital, and threatened to cut it off if he should ever do it again. The little boy was terribly frightened and cried for many hours. For weeks he was in mortal dread lest his father should keep his word. As he grew older he forgot all about this incident, but he became very sensitive about this part of his body. He was unable to use a public urinal for fear that some one might see him. No one was allowed to come into his bed-room while he was asleep or undressed—all these fears referred to his unconscious fear of having it cut off. When he married, it was totally impossible for him to react normally toward his wife. He was psychosexually impotent.

The symptoms that the "castration complex" may give origin to are naturally manifold. Hug-Hellmuth refers to it the fear evinced by some children of having their hair cut; and the touching mania (*Délire de toucher*), which is conceived as a continual conflict between the pleasure to touch the genital and the prohibition not to do it, is also attributed to it. I found this complex under the guise of anxiety, hysteria, compulsive ideas, and paranoid manifestations. Psychoanalysis furnishes abundant material showing that fear and punishment rarely stop the practice and always harms. If a child is found masturbating excessively, and external irritation can be excluded, one should examine the psychic milieu of the child. I find that children who are leading a healthful life, who are associating with other children, and take an active interest in child life rarely masturbate. Those who came to my notice usually belonged to that class who lacked a normal wholesome environment; they were usually much neglected, and therefore developed marked autoerotic tendencies; some, and those cases are rare, received too much love. A change of environment often stops the masturbation. Parents should not become

alarmed when they notice masturbation in children. They should quietly inquire into the causes thereof and remove them. The greatest care must be taken not to make the child self-conscious about its masturbation; and to avoid this, it is best not to take it to doctors who are themselves in need of instruction. By approaching the subject with care, delicacy, and in a spirit of kindness, the parents can usually cause the child to give up the practice. Hug-Hellmuth, who devoted considerable time and study to the psychic life of the child, says: "Only after one will become accustomed to see in the sexual functions nothing forbidden, nothing that should be kept from the child, will one be able to follow a better road than heretofore. Kind admonition that these manipulations, though harmless, are not nice helps more than putting fear into the child. Many a child has renounced this gratification for the sake of its mother."

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

FARADAY'S MISOGYNY. *

BY ERNST JENTSCH.

Since every mature person must have passed thru various developmental stages we may properly expect the psychosexual constitution to show evidences of its preparatory period. We will not discuss in this place whether Faraday's misogyny belongs to such a preliminary stage or whether it was an infantile fixation. Nevertheless the fact that with neuropaths the total psychic development may hesitate or even remain fixed, would lend color to such an hypothesis. Biography often allows us to observe a passing misogyny in certain cases. In so far as this affects eminent persons it is well to remember that with notable tho one-sided talent there is often a neuropathic tendency. Probably this condition is more frequent than would at first appear since biographers usually leave us wholly in the dark as to the vita sexualis of their subject.

Bence Jones' biography of Faraday (1792—1867) offers some data of this sort. Faraday was originally a bookbinder and wholly selftaught in science. In 1812 he obtained a position as

* Zeitschrift für Sexualwissenschaft. II, 200, 1915.

laboratory assistant to Sir Humphry Davy at that time Director of the Royal Institute. Faraday rose rapidly and in 1816 gave public lectures. In 1821 he became Inspector and in 1825 Director of the laboratory. After Davy's retirement he succeeded him.

In Faraday's diary for 1816 occurs the following poem which his biographer quotes as having interest in connection with the subsequents of his life.

What is the pest and plague of human life?

And what the curse that often brings a wife?

'Tis Love.

What is the power that ruins man's firmest mind?

What that deceives its host, alas! too kind?

What is't that comes in false deceitful guise,

Making dull fools of those that 'fore were wise?

'Tis Love.

What is't that oft an enemy turns a friend?

What is't that promising never attains its end?

What that the wisest head can never scan,

Which seems to have some on earth to humble man?

'Tis Love.

What is't that directs the madman's hot intent

For which the dunce is fully competent?

What 's that the wise man always strives to shun,

Though still it ever o'er the world has run?

'Tis Love.

Then show me love: how'er you find it, 'tis still a curse,—

A thing which throws good sense behind it; sometimes much worse.

'Tis always roving, rambling, seeking t'unsettle minds,

And makes the careless, idle, weeping, changeful as winds.

Then come to me, we'll curse the boy the Cyprian goddess brought
on earth;

He's but an idle senseless toy, and has no claim on manly worth.

The noble heart will n'er resign reason, the light of mental day.

Or idly let its force decline before the passions boisterous sway.

We've honour, friendship, all the powers that still with virtue do
reside;

They've sweetly strewed our lives with flowers, nor do we wish for
aught beside.

* (Such a combination of maudlin jealousy and bad verse is not uncommon with the adolescent neurotic about the time his *best* friend deserts him for a *best* girl.—Translator.)

Love, then, thou'st nothing here to do: depart to yonder crew."

Further we find: "What is love? A misfortune for everyone except the principals. A private affair which everyone except those concerned, desires made public."

With the exception of the love affair next to be mentioned we have no light as to the emotional side of Faraday's life. It is worth noting that Faraday accompanied Sir Humphry Davy and his wife on their continental tour which lasted from the autumn 1813 to the spring of 1815. Owing to the fact that Davy's servant had to be discharged, Faraday undertook the duty of servant as well. He complains frequently in his letters of Lady Davy's very tempers and unreasonable exactions and was often minded to return alone to London and resume his old trade. Also in a letter to Benjamin Abbott, written in Italian, he says that the Italian women were "impertinent, very lazy, and very dirty." Evidently this was in answer to a question since he adds "how one could draw a comparison with England!"

Faraday was a blacksmith's son and belonged to the small sect called Sandemanians. Like many such he possessed a deep religious feeling which manifested itself throughout his life in relation to the small sect to which he belonged.

The above mentioned comments on women came to the notice of a friend of his, E. Barnard, who related them to his sister Sarah. In 1820 Faraday wrote to Miss Sarah: "You know me as well or better than I know myself. You know my earlier prejudices and my present views. You know my weakness, my conceit, my feelings; you have brought me back from false paths; let me hope that you will also redeem me from other errors . . . I am constantly trying to express what I feel but I can not. Bear with me a little longer, and let me plead that I am not a selfish creature that seeks your love for itself alone. Whatever I can do for your happiness be it thru perseverance or renunciation, that shall be done. Do not do me the injustice of withdrawing your friendship and grieve me not by seeking to teach me to love you less. If you can give me no more, leave me at least what I now have, and hear me further . . . "

Miss Sarah B. showed this letter to her father who without giving her any advice, remarked that love made fools of philosophers. In grief at the somewhat original manner of her wooer she shortly after left London. Faraday followed her. It appears from his diary that he suffered keenly from melancholy and in-

dulged in excessive "Weltschmerz" which latter was not at all a rare phenomenon in his time. He himself perceived his mistake and took a more reasonable attitude. In May, 1821, he wrote Sarah's sister: "Your sister has made it possible for my heart to open, and the stream of my love which I thought dammed in, has been released by her." They were married in 1821.

It was Faraday's wish that the wedding day be treated as any other day and he insulted some of his relations because he did not invite them to the wedding. The marriage was childless.

Twenty-eight years later he writes in his diary: "I married on the 12th of June, 1821, a circumstance which more than any other has contributed to my worldly happiness and spiritual well being. This bond has lasted twenty-eight years with no change other than that it has become stronger and deeper."

It may be added that Faraday was a neurasthenic and this union with a clever and capable woman was the greatest blessing to him in his advancing years.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE WIFE-MISTRESS

BY G. WEISS

MANY scientific and literary books have been written on this theme: a married woman should be at the same time her husband's housekeeper and mistress. In other words, her duties as housekeeper and mother should not prevent her from being able and anxious to remain the aim and the object of her husband's detumescence instinct. This is one result of the civilized arrangement of the sexual life on a monogamous basis.

No such demands are made upon woman in lands where polygamy is officially recognized. The man of those countries takes one woman and then as a matter of course another, and as many more as his financial circumstances will permit him to take. But we notice even among polygamous races the striking fact that one of the wives, frequently the first one, assumes a privileged position, decidedly superior to that of the other wives.

This state of affairs which obtains nowadays in the oriental

world was the rule among our forebears. The ancient Germans kept, besides their fullfledged wife, a number of concubines, and even Charlemagne, the champion of christianity in Northern Europe, lived openly in polygamy.

When christian teachings began to spread, monogamy made greater and greater strides and at present modern Europe recognizes only monogamous unions. Man's polygamous instincts, however, one characteristic trait of the masculine nature, are always in conflict with this state of things; as far back as we may trace man's phylogenetic history, we always find that instinct as the basis of the sexual arrangement of life.

This would not be a sufficient reason for assuming that, in the future, sexual life will be reorganized along different lines. If, however, we observe modern conditions with an open mind, we must confess that after centuries of severe repression by the teachings of christianity, polygamous instincts have not lost any of their intensity, but satisfy themselves in surreptitious ways.

In order to solve satisfactorily our sexual problems and to put an end to the various conflicts under which we smart, any proposed social rearrangement should take into account man's polygamous instincts and accord them a certain official recognition.

Every one of us will find in his own environment evidence as to the hopelessness of the struggle against the proclivities of the masculine temperament.

Our entire social system is affected by the conflicts between man's polygamous instincts and our monogamous sexual order. To visit ethical condemnation and social ostracism upon every one who breaks the sexual law is merely to show a lack of understanding of the actual facts. How unjust this is to the man who simply obeys natural instincts which for thousands of years have been developed in him by evolution! How unjust to the woman from whom we expect the impossible when we ask her to be at the same time wife and mistress. How absurd to think that these two extremes can meet in one and the same person.

This view of the matter makes it so hard in many cases to draw a sharp line between regular society and the demi-monde. It has brought into existence the modern type of sporty married woman who is neither fish nor flesh, neglects her home duties and tries vainly to reach ends which she should not think of and which she cannot attain. On one hand the mother and the educator of

the coming generation; on the other hand the priestess of momentary pleasures.

These two extremes are separated by an impassable physiological chasm. Every attempt at combining them is bound to lead us along the wrong track. This is why I consider it as a mistake to seek the ideal form of sexual relationship in monogamous unions which can be easily dissolved.

Not to speak of the apparently insuperable difficulties of a financial nature which such a system would entail, those who preconize it underestimate greatly the moral influence of our present form of family life.

How many generations could keep up a steady advance if they were brought up under the exclusive care of mothers without fathers to set an example for them?

The problem will never be solved in that way. It is not by lowering the standard of monogamous marriages but by raising the *hetaira* from the gutter to which she is socially relegated, to the lofty position which antiquity accorded her, that we will remove the unhealthy traits of our sexual life. Let us not lay hands on the institution of monogamy which must remain sacred on account of what it has done for civilization. Let the best among our women devote their life to the task of mothering the next generation. The deepest respect shall be accorded them.

But let us not cast away and trample in the mud of social ostracism those to whom this noble means of fulfilling their destiny has been refused and who devote their life to making ours fuller and more beautiful according to their lights.

Let us learn to consort with them as the ancients did, in open, pleasant friendship. Let us not forget what some of them have meant to the world. The names of Aspasia, of Cleopatra and of Theodora await the sentence of history.

Morality consists in satisfying the fundamental needs of our nature within the limits set by our social order. Within those limits both wives and *hetairas* could live their life in a dignified human way.

While there is no doubt as to which of the two should be accorded the higher rank, history tells us that both may make their life worth while. Wife and *hetaira* should not be foes or competitors but sovereigns each in her own domain.

The majority of men are polygamous, and ephemeral unions

free from obligations and shackles will always have a potent charm for them. Man always returns, however, to the mother of his children, and sexual experiences whose prime excuse is their very transitory character cannot in any way modify his feelings towards her.

EROTICISM, MORALITY AND ART.

BY J. E. PORITZKY

Public morality and the law rob me of the freedom to select the form of my sexual life and compel me to live in monogamy on certain terms. It is a fact, however, that the mould into which the law forces me is constantly bursting. Monogamy is the law but polygamy is the rule. Of course polygamy is too strong a term to use, for what most men desire, is to have erotic relations but not sexual relations, with several women. Many men are sexually monogamous and only erotically polygamous.

The craving for love of the modern and up-to-date woman is not less complex. The consequence is that, with the complete knowledge of both parties, triangular relations or even quadrangular relations establish themselves for which neither of the husbands could be reproved on moral grounds. I could quote on this subject Schopenhauer, Nietzsche, Strindberg, Ellen Key, whom prejudiced moralists, however, might reject as being too partial.

My readers may be more deeply impressed when I refer them to Giordano Bruno. "Man," he said, "should be allowed to take as many wives as he can support." By which he meant that it is a shame that a man should waste on one single woman all his sexual powers. He was one of the great minds who despised hypocrisy, but society does not care to adopt this viewpoint....

How many times should we repeat that art has nothing to do with morals? Art generally worships what morals condemn and whenever art gets gay it laughs at morals in the face.

Art could not very well deny immorality which is the term by which society designates eroticism, for art is a direct product of eroticism. Eroticism is at the root of all art. That is why it is hard for the artist to avoid sinning every minute against bourgeois morality. Art reminds us constantly that morality must be subjugated if the world is to be born anew.

SUDDEN DEATH DURING OR AFTER COITUS

By PROFESSOR P. NACKE

The sexual act performed in the usual manner causes, especially in the man, quicker heart beats, a higher arterial pressure which extends even to the finest bloodvessels, after which the pressure decreases rapidly causing even in some instances a feeling of faintness and unconsciousness.

Therein resides a great danger for aged men; they generally suffer from advanced arteriosclerosis and therefore hemorrhages can easily take place in the white substance of the brain, in the bulb or the medulla elongata and death may result; "sweet death" the French call it.

Women also have succumbed to it when their mental excitation was especially violent. Young men may be stricken if they indulge in coitus after a heavy meal; coitus may be fatal to consumptives on account of their weakness.

Such cases are rather infrequent; at least they seldom become known to the public, for the old men, victims of such accidents generally occupy prominent positions and are stricken in strange places, mostly in houses of prostitution.* Women are more seldom stricken in that way, for they are generally more passive.

I remember the case of a very high official who died several years ago in a public house while indulging in coitus; on that occasion the woman was taken with a fit of vaginismus, a phenomenon seldom observed except in animals, in consequence of which the man's penis was held fast (as it happens with dogs) and could only be released after a while. Jokers coined after the official's name a new word which was used for many years afterwards in that town to designate the whole incident. Such cases are interesting from a legal point of view, as foul play might be suspected when death occurs suddenly under similar circumstances.

THE QUESTION OF ABSTINENCE

By H. L. VON GUTTCET

Temperament has a good deal to do with abstinence and so has one's mode of life. Girls endowed by nature with a fiery tempera-

* Such cases are not rare in any large city. New York witnesses several such instances every year. Most of them are hushed up. Ed.

ment, (and among them we often find the most virtuous looking blondes) and also girls who from the time of their childhood were in frequent contact with young men, experience an earlier and stronger awakening of their sexual instincts than girls with a phlegmatic temperament and those who were brought up away from men.

The former menstruate very early; some who have come under observation menstruated at twelve. When those girls reach their 18th or 19th year without having practiced masturbation and without having, as is customary in the lower classes, satisfied their sexual instincts in the natural way, their menstruation until then perfectly regular begins to assume abnormal characters. In the majority of cases it gradually diminishes; it is frequently painful and in some cases discolored. A girl of that type is very fortunate if she can speedily find a husband for whom she feels no repulsion or antipathy; if she instinctively discovers means of self gratification or is told of them so much the better; and it is very pardonable for her to take a lover as the best and most pleasant form of relief.

Woe to her if she does not resort to any of those natural remedies. False religious feelings or prejudices may unfortunately cause her to consider self gratification as something sinful or harmful; it would be unpardonable for inexperienced physicians to attempt to treat her with emenagogues, nerve tonics or chalybeates when the only remedy for her ills is the natural gratification of her instincts.

The only result of that form of treatment is to bring about acute dyspepsia, hypochondria, congestion of the head and of the breasts, a morbid excitability coupled with a tendency to several mental disorders: erotomania, pyromania, mania furibonda and insanitas religiosa.—From "*Thirty years of practice*" by H. L. von Guttzeit, page 331 (Vienna, 1873.)

EDITORIAL NOTES

THE HALF-VIRGINS.

The demi-vierge, or semi-virgin, as she has been felicitously termed by Marcel Prevost, is an exceedingly common type in this country. She is particularly common, as might be expected, in the large cities; but she is not rare in the smaller towns either. She will permit and commit everything—masturbation, fellatio, cunnilingus, coitus analis, coitus inter mammas, inter femora, in short everything with the exception of rupture of the hymen. That, the hymen, she guards preciously as a proof, which her husband will expect of her purity and virginity. But it is not commercialism in all cases which makes the demi-vierge resist normal sex relations. Some are really convinced that all perversions and abnormal methods are trivial sins or no sins at all; the only sin being intercourse in the natural way. And such a perverse demi-vierge will often look with genuine contempt upon her unmarried sister who is having normal relations with a man, even if these relations are based upon a genuine feeling of love. All this has its origin in our insane overvaluation of physical virginity. The poor demi-vierge is not to blame; she has been brought up to look at things that way, and you cannot expect of her to be a pioneer in thought or morals. That the semi-virgin is more dangerous to the community than the non-virgin*, goes without saying, for it is she who exhausts the man, teaches him perversions and seduces him to abnormal, injurious methods of gratification. If the word immoral is to be applied to sex relations at all, it is she who deserves the adjective immoral more than any other class.

It is feared that the popularization of contra-conceptive knowledge would increase immorality, by which of course is meant, normal intercourse only; for the abnormal varieties are not followed by impregnation. The class that would chiefly benefit by this knowledge would be the half-virgins. Fearing no pregnancy they would exchange their abnormal for normal sex relations.

Would not this be a distinct gain instead of a loss?

Is not the immorality of abnormal relations always greater than that of normal, natural relations?

Think it over.

* In a Parisian vaudeville theatre, I heard a young lady say that their chorus consisted of vierges, demi-vierges and pas-vierges du tout, and she begged to inform the audience that she belonged to the latter class, which was the most moral of the three.

VARIETIES OF SADISM.

It is remarkable to what lengths women who consider themselves moral—and they are moral in the conventional sense, because they do not indulge in illicit relations—will go in a conscious or unconscious desire to excite the sexual passions in men. When they notice that they have aroused a furious throbbing passion in a man, they feel happy, but any attempt on the man's part to have this passion gratified is brutally repelled. And the woman considers herself highly insulted. She may even raise a fuss and endeavor to disgrace the man publicly for his "ungentlemanly" behavior. This desire to excite sexual passion without gratifying it has a sadistic basis, and the person guilty of this contemptible behavior is often irresponsible for his or her acts. But such women should of course be shunned. Among men there are also such individuals, but they are exceptional cases. Among women they are quite common.

In this connection it might be added that women causing the arrest of men for alleged insults, for "mashing" them, for making indecent proposals to them, do so not only from a prurient desire for publicity. The underlying cause is also sadistic cruelty. They enjoy the discomfiture and suffering of their male victims.

How indispensable it is for a judge to be versed in sexology, if he does not wish to commit judicial blunders and crimes!

THE DESIRE TO LOOK LIKE "THOSE" WOMEN.

Why do so many respectable girls and women paint and powder and copy the fashions of the half-world? Many women do their utmost to be in appearance undistinguishable from high class prostitutes. There are two reasons for this. First, because it makes them more attractive to a certain class of men. It may seem strange, but it is a fact that many respectable men like their wives to resemble the members of the half-world. It has an unmistakable effect in stimulating their sex desire. The second and more important reason is, that it gives the girls and women themselves considerable sexual satisfaction. The knowledge that they look like free women, that they are mistaken for them by men, often gives them intense pleasure, sometimes to such a degree as to cause them to experience an orgasm.

The same explanation applies to cigarette smoking by women. It isn't that they really like the cigarette (unless later after they have acquired the habit), but it is one more thing that makes them more akin to "those" women.

The desire to look and act like "those" women has a deep psychologic significance.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

JUNE, 1916.

No. 6.

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEXUAL ABSTINENCE AND NERVOUSNESS *

By S. A. TANNENBAUM, M.D., New York.

IN opening up for discussion in an association of general practitioners of medicine so old and time-worn a subject as this of the relationship between sexual abstinence and the functional neuroses, I am actuated by three considerations: (1) the study of the sexual life is still omitted from the curricula of our medical schools, and, consequently, physicians are as ignorant of the sexual functions as laymen are; (2) there is still no approach to unanimity of opinion, even among specialists, on any phase of the many questions suggested by and emanating from the subject; (3) the facts obtained by the studies and investigations of Freud and his disciples throw so much light on the vita sexuialis and are so suggestive and significant that they are bound to be of the greatest interest to physicians, sociologists, moralists, pedagogues, and others having the welfare of humanity at heart. It is no exaggeration to say that without the guidance of Freud's teachings and the application of his method of psychoanalysis it is impossible to get at the truth concerning the sexual life of modern civilized human beings. Almost all persons, even invalids, consider their sexual life to be so personal and private a matter that they do not speak of it even to their medical adviser; physicians share the conventional reticence of their patients and, in addition, lack the tact and ability to elicit the facts; and women,

* The above paper appeared in this Journal just three years ago, namely in June 1913. There was a great demand for it which after a short time we were unable to supply. Since then requests for that issue have been coming in more or less regularly, and we decided to reprint the paper in its entirety. It is well worth a careful reading.

even when questioned, almost always refuse to give up the truth about their sexual life. Besides, very few physicians, and still fewer laymen, associate their nervous and many other ailments with disturbances or abnormalities in the sexual functions.

"Nervousness" and Sexual Restraints.—And, as a matter of fact, Freud was the first one to maintain and champion the existence of a relationship between the tremendous increase of "nervousness" that characterizes modern civilization and the sexual practices resulting from our moral standard. Careful consideration of the clinical data proves that the influences conventionally assigned as the causes of nervousness, such as the excessive use of tobacco, coffee, or tea, alcoholism, overwork, the strain and stress of modern civilization, etc., are wholly inadequate to account for the great increase in the number of neurotics, or to throw light on the great variety of symptoms manifested by different patients. "Nervousness" occurs very frequently even among total abstainers from the chronic intoxicants, in those who "take life easy" and in those who are not overburdened with culture. Very early in his investigations Freud became convinced that the increase in the neuroses is the direct result of the checks and restrictions which invest the sexual life of the more highly civilized communities and that only in this sense can modern culture be held accountable for the vast and ever-increasing number of neurotics. All later experiences only go to confirm his dictum that no matter what other factors may be at work, *without some departure from the normal sexuality of the individual there can be no neurosis*. The essence of all these abnormalities is, as I shall show, the non-obtainment of sexual gratification,—the non-gratification of the libido.

Infantile Sexuality.—For the proper understanding of our theme, it is of the utmost importance to say first something about the sexuality of infancy and childhood. Contrary to general belief and the statements even of experts, the sexual instinct does not spring into life suddenly about the age of puberty. The sexual instinct accompanies man on his living journey from the moment of his birth to the moment of his dissolution, all the while undergoing a definite course of evolution and having definite characteristics for each period of the individual's life. In the earliest period of his childhood a human being is almost wholly *auto-erotic*, i. e., he obtains sexual gratification chiefly from his

own body; but inasmuch as the genital glands are undeveloped and have no sexual function, the genitals proper play only a small part, but by no means insignificant part, in the child's sexual activities. All truth-telling parents have observed their little darlings rubbing, pulling, or otherwise playing with their genitals—masturbating. Young infants, however, obtain their sexual pleasures chiefly from portions of the body known as *erogenous zones*. By an erogenous zone is meant a portion of skin or mucous membrane the suitable stimulation of which produces a pleasurable sensation of a sexual nature. *The lips* are a very important source of sexual gratification for infants, as may be judged from the frequency and pleasure with which children pass their time in sucking various parts of their body, e. g., the toe, the thumb, the tip of the tongue, or other object. Another important source of sexual gratification in infancy is *the anal zone*. The pleasure derived from the passage of hardened feces is such that the child holds back the evacuation of his bowels as long as possible and this lays the foundation for obstinate constipation and other intestinal disturbances. Rubbing of the anal zone with the fingers is not at all rare in children. *The urethral zone* also has tremendous sexual significance for infants; and this accounts for the frequency and obstinacy of bed-wetting by night or day and other bladder disturbances. Clinical experience shows that when wetting of the bed does not replace an epileptic attack, it means a pollution. *The skin* is the erogenous zone par excellence and is the seat of the pleasure derived from being tickled, stroked or spanked, from scratching, taking a warm bath, etc.

Besides the auto-erotic pleasures emanating from the stimulation of these and other erogenous zones (secondary sexual organs) young children also derive sexual gratification from activities relating to other persons than themselves. Chief among these are the pleasures obtained from exhibiting his genitals to his comrades and elders (*Exhibitionism*), looking at the genitals of others (*Voyeurism*), watching other persons attending to their excretory functions, and inflicting suffering upon others (*Sadism*) or suffering themselves (*Masochism*). This by no means exhausts the sources of sexual pleasure in infancy but it is sufficient to show the justice of Freud's dictum that as regards their sexuality infants are *polymorph-perverse*, i. e., by nature predisposed to all sorts of sexual perversions and to inversion. In connection with this it is important to bear in mind that just

as the normal individual is to a certain degree anatomically hermaphroditic so is he normally functionally bisexual, and that in the course of his evolution the homosexual tendency is stunted, dwarfed, repressed, and the heterosexual developed. That the child's sexual curiosity and sexual activities are accompanied with fantasies involving his parents or other immediate relatives goes almost without saying.

The Sexual Latency Period.—The period of infantile sexuality is followed by the period of latent sexuality (6th to 13th or 14th year) which is characterized by the cessation of masturbation, the repression of the sense of sexual gratification emanating from the erogenous zones and from the partial impulses, the further development of the genital organs, the evolution of those psychic forces (disgust, shame, moral and aesthetic ideas) which serve to inhibit and restrict the sexual life, and the deviation of sexual energies from sexual aims to new and higher aims, viz.: in the interests of education and culture. The extent to which the individual's sexuality can be sublimated or refined into energies of other sorts varies with different individuals just as does the intensity of the sexual instinct; but in only very rare instances is it possible to transmute all of one's sexual energies into energies and activities of other sorts. In a very large number of children there is a breaking through, a curtailment or suspension of the latency period as a result of a spontaneous sexual prematurity, and there ensues a period of all sorts of perverse sexual activities. When this happens, the subsequent psychic control of the sexual impulse becomes a very difficult matter and there results either the fixation of a perverse tendency or the development of a neurosis.

Puberty and Adolescence.—With the advent of puberty very important anatomical, physiological, and psychological changes take place in the human economy, most of which are too well-known to be enumerated here. Less well known and little understood, but of very great importance, are the changes that take place at this time in the internal secretions of the thymus gland, the hypophysis cerebri, the pineal gland, the thyroid gland, the adrenal bodies, the testes, ovaries and, perhaps, other glandular structures. With these changes there go along very important and complex functional changes in the sexual sphere. The sexual impulse loses its auto-erotic character, becomes hetero-erotic

and acquires a new aim, the discharge of the sexual products; the partial sexual impulses coöperate in the production of the new and extremely pleasurable sexual aim and the erogenous zones are subordinated to the primacy of the genitals. Obviously all these changes are brought about in the interests of the impulses of self-preservation and the propagation of the species.

The sexual apparatus of the adult is aroused to activity by various stimuli emanating from three sources, viz. (1) from the outer world through the erogenous zones (eyes, ears, etc.); (2) from the presence within the body of various hormones and sexual substance, and (3) from the psychic sphere. Very little reflection will show that modern society is very rich in stimuli to the sexual impulses. We need mention only the costumes of women (revealing what they are intended to conceal), cosmetics and perfumes, erotic dances, romantic novels, suggestive jokes, sentimental pictures, pornographic "literature," the sexual drama and sensuous music. The housing conditions of the poor are particularly calculated to arouse the sexual passions of our boys and girls before and after puberty. The mental concentration demanded of children in schools and colleges, the strain and worry associated with passing examinations, the exhilaration accompanying various kinds of muscular activity and mechanical excitation of the body, the stirring up of the affective processes by theatrical displays, etc., all tend powerfully to excite the sexual impulses. In addition to all these forces, very few boys and girls escape seduction into evil practices by comrades and older associates.

As a result of all these and other stimuli there is brought about a state of sexual excitation which manifests itself in numerous physical signs as well as in a peculiar, unpleasant state of psychic tension which craves for urgent relief. This coveted pleasure and relief can normally be brought about only in one way: by the discharge of the accumulated sexual substance during normal coitus.

Normal Coitus.—That normal coitus should accomplish its object of freeing the sexual tension and temporarily quenching the sexual desires it is not sufficient for two people of opposite sexes to perform the sexual act. Normal coitus requires not only the discharge of sexual substance but the gratification of all the accessory sexual components before the attainment of the "end pleasure" (the discharge). Before there can be a com-

plete and adequate discharge of the accumulated libido, there must be a complete self-surrender to the task in hand, an absence of all restraining influences (fear, shame, disgust, etc.), and an augmentation of the sexual tension by the stimulation of certain of the erogenous zones and partial impulses (kissing, hugging, tickling, touching, etc.). In other words, there must be that overvaluation of the sexual partner and of every part of him or her that constitutes love. Unless these conditions are complied with, there ensues only a partial liberation of sexual tension, and in a short time a chronic sexual toxemia results.

Our Moral Standard.—The conventional, i. e., theoretical, morals of the most highly civilized communities do not permit adolescents and adults to indulge in normal coitus before marriage, and if they do not marry, they are assumed to remain chaste until death. Widows and widowers must also refrain from sexual intercourse until they remarry. In other words, sexual indulgence is restricted to those who have entered into monogamous marriage, and the form of indulgence is limited to the union of the genitals in normal coitus. Homosexual and perverse practices are considered very serious offenses against morality and punishable by imprisonment and ostracism. Indulgence in sexual gratification by the unmarried is not considered criminal but sinful and immoral. Owing to the probable consequences women particularly are enforced to chastity. And when one takes modern social and economic conditions into consideration and the consequent practical inability of young men and women entering into marriage until they have established financial independence from their parents, it follows that they are required to refrain from sexual indulgence until they are anywhere from 25 to 35 years of age.

Certain Peculiarities of the Sexual Instinct.—One of the best established results of modern psychanalytic research is the fact that the sexuality of different individuals varies (1) quantitatively, (2) qualitatively, (3) as to capacity for sublimation, and (4) as to imperiousness. Just as persons vary as to the quantity of food, sleep, drink or rest that their constitutions require, so do they vary as to the quantity of sexual indulgence requisite to gratify their libido. Some are content with coitus once a week, or once a fortnight; others require it daily or even several times daily. Even more important than this are the qual-

itative differences among individuals. As a result of *congenital predisposition and acquired tendencies resulting from infantile experiences*, the normal evolution of the sexual impulse from the infantile bisexuality to the adult hetero-sexuality is interfered with in various ways and there result all sorts and degrees of inversions and perversions. By *inversion* we mean that form of sexual aberration which consists in the sexual attraction of one individual for another individual of his own sex. Individuals possessing this trait may be divided according to Freud into three classes: those who are *absolutely inverted*, *amphigenously inverted*, and *occasionally inverted*. The *absolutely inverted* are characterized by a total indifference or repugnance for persons of the opposite sex and therefore are incapable of normal coitus or derive no pleasure in its performance. The *amphigenously inverted*, or psycho-sexual hermaphrodites, enjoy sexual relations with either sex. The *occasionally inverted* are normal heterosexual persons who, because of external conditions, may find sexual gratification in a person of the same sex. As to the sexual aim of inverters it must be borne in mind that they are by no means all guilty of such acts as *pederasty* (intercourse per anum), *fellatorism* (intercourse per os), etc. In fact *masturbation* is probably just as frequently the sole sexual aim as all the others combined, and a purely *ideal love* (i. e., without any sexual act) is extremely frequent in inverters. Then too one must not forget that there are many perfectly normal (i. e., sane) individuals who choose for the sexual object children, and others, notably in the country, who are attracted by animals (*zoophilia*).

By a *pervert* we mean a heterosexual individual whose sexual aim is not normal coitus but some other form of sexual activity. Freud divides the perversions into (a) *anatomical transgressions of the portions of the body destined for the sexual union* and (b) *lingering at the preliminary excitants to the sexual aim* to such an extent as to take the place of the normal aim. A study of a large number of perverts has shown that almost any portion of the body may be utilized as genitals, e. g., the mouth zone, the anal zone, the breasts, the axillae, etc., giving rise to the perversions known as fellatorism, pederasty, sapphism, etc. When the usual (i. e., normal) preliminaries to normal coitus are prolonged to such an extent as to form them into new sexual aims and to do away with the desire for the normal sexual act, we have such perversions as exhibitionism, voyeurism, mutual masturbation, sadism, masochism, etc.

Under perversions, too, we must include the large number of *fetichists*, i. e., persons who substitute for the normal sexual object (a person of the opposite sex) some object which is in some way related to it but which is totally unfit for the normal sexual aim (coitus). In addition to these we must mention those aberrations which may properly be described as *morbid perversions* i. e., cases in which the normal impulse is supplanted by cravings incompatible with the normal resistances of shame, disgust and fear. Among these we include urolagnia, coprophilia, etc. The proportion of the individual's sexual energies that lends itself to sublimation or conversion varies greatly; some may sublimate a very large part, others only very little, and in no case is it possible to sublimate all of it, i. e., to do away with the sexual craving altogether. The sexual instinct cannot be crushed: it may be abused, maltreated, etc., but, like, murder, it will out. The instinct is so imperative in its demands that it is normally only very poorly controlled (inhibited) by the higher psychic activities. This instinct is stronger, more insistent and more imperative than the voice of conscience or religion or the fear of disease. Nature cannot be thwarted in its designs. The continuous production of sexual substance, the constant production of the hormones, and the pressure on the sexual reservoirs, produce and maintain a state of sexual tension and a craving for relief which is heightened by the manifold stimulation of the erogenous zones to such an extent as to make the performance of the sexual act almost imperative. In this way nature assures the propagation of the species.

Sexual Abstinence Defined.—The failure to take the preceding facts into consideration has resulted in a failure hitherto to reach a satisfactory definition of the term "sexual abstinence." Every writer on the subject gave a different definition. Most writers heretofore have considered him abstinent who refrains from coitus with a person of the opposite sex. Obviously such a definition leaves out of consideration the large number of inverters and perverts and masturbators who derive sexual gratification in other ways than in normal coitus, and yet these are certainly not abstinent. And on the other hand a pervert or homosexualist may indulge in normal sexual intercourse without obtaining the least gratification from the act; on the contrary he or she may be repelled by a person of the opposite sex and be disgusted at the act.

In such a case there is absolutely no discharge of the libido, no liberation of sexual tension, no relief from psychic discomfort, but on the contrary a damming up of the libido, a further intoxication, an increase of psychic discomfort, and such a person is really abstinent though he indulges in coitus daily. Perverts and inverters are sexually abstinent if they refrain for a long time from the particular form of sexual indulgence which gives them sexual gratification. A person who refrains from sexual intercourse with a person of the opposite sex but derives sexual gratification in other ways (e. g., masturbation, fetishism, etc.), is only *apparently sexually abstinent*; whereas a person who refrains from that particular form of activity which gives him sexual gratification, although he have occasional or frequent discharges of sexual substance, is *really sexually abstinent*. We thus reach V. Muller's definition of sexual abstinence as '*abstinence (for a long time) from physical gratification of the type of sexuality characteristic of the person concerned*' (Sexual-Probleme, 1909, p. 309) or refraining from the specific act called for by the individual's libido. It goes without saying that in the discussion of this topic we assume the existence of a sexual appetite and the presence of normal genitals. A person born without a sexual instinct or with deformed organs cannot be included in the study of the normal. A word of warning must also be sounded against confounding "sexual abstinence" with "chastity" or "sexual purity"; the two conceptions have nothing to do with each other.

Causes of Abstinence.—Considering the imperious nature of the sexual instinct and the consequences resulting from the failure to gratify it, we must consider the causes that lead to sexual abstinence. For our purpose we may divide sexual abstinence into two classes: *voluntary abstinence* and *involuntary abstinence*. Involuntary abstinence, to take the latter first, results from causes beyond the individual's control and often without his knowledge; e. g., (1) indulgence in a form of sexual activity which is not calculated to gratify the libido peculiar to the individual concerned. Chronic masturbators, inverters, perverts, persons dominated by an incest complex, women who do not love their husbands, etc., who indulge in coitus without obtaining gratification, are involuntarily abstinent. In general it may be said that involuntary abstinence results from an arrest of development at some infantile stage of sexuality (fixation); or a regression

to some infantile stage. The reasons for voluntary abstinence are numerous, but only the chief of them can be enumerated here briefly: (1) the inability, owing to pecuniary considerations, of the man to hire the services of a puella publica; (2) the impracticability, owing to economic considerations, of the adult male and female to enter into marriage and assume the responsibilities of parenthood; (3) the fear of pregnancy; (4) religious, moral and ethical considerations; (5) the fear of venereal infection from coitus with a puella publica; (6) separation from the lawful sexual mate because of business and other considerations; (7) the fear of injury to bodily health in persons suffering from diseases of the heart, arteries, lungs, etc.; (8) marital disharmony and incompatibility; (9) vanity and social duties (in women); (10) the fear of injuring the fetus in the latter months of pregnancy; (11) mechanical interferences to the act, e. g., obesity, late months of pregnancy, etc.; (12) the desire to limit the number of offspring; (13) the fear of the law for infringing on restrictions against homosexuality and perversions; (14) fear of social ostracism; (15) fear of injury to health or to mind from masturbation; (16) turning away from persons of the opposite sex because of unhappy experiences with them, etc. Congenital absence of libido and deformity of sexual organs are obviously not considered here.

Abstinence in the Married.—Paradoxical as it may sound, a very large percentage of married people are abstinent. Marriage, we may add, is a civic institution having for its purposes mutual sexual gratification and the preservation of health. After the age of puberty young men and women are urged to remain absolutely abstinent and to husband their energies in anticipation of marriage. As a result of the high cost of living, starvation wages, the desire to live up to the ever-changing fashions, to enjoy the benefits of modern inventions and work-saving devices, to frequent the theatres, to discharge one's social duties, and, above all, the desire to shirk the difficulties and responsibilities of begetting and educating children, almost all married people resort sooner or later to some method of preventing conception. Various alleged preventives are soon found to be unreliable as protective measures. Then resort is had to coitus condomatus, coitus reservatus, etc., although these methods do not gratify the libido. If the husband refuses to adopt these methods of

intercourse, quarrels ensue, and sooner or later the married couple abandon sexual relations altogether or resort to masturbation. Psychic causes, e. g., frigidity, psychic impotence, etc., also frequently lead to abstinence. Organic diseases, e. g., chronic urethritis, chronic congestion of the prostate, etc., resulting in ejaculatio precoox also cause abstinence. If as a result of sexual irregularities, tampering with nature, the husband or wife becomes sick, the irregular coitus ceases and it is not long before the husband or wife or both look for gratification elsewhere. So also if sexual relations cease because of the already too large family. Other important and frequent causes for abstinence in the married are too common dullness and apathy and indifference which characterize modern marriage; most married women become tawdry and careless housekeepers and their husbands mere wage-earners or, vulgarly put, mere "meal tickets." Of real sympathy between husband and wife our marriage system knows only exceptional instances. Quarreling and bickering are only too common. If there weren't so many obstacles to divorce they would be the rule. It is a sad truth that in modern society marriage means the death of love, and with it sexual gratification is even more impossible than it was before marriage. Without sexual love, spiritual love between man and wife is impossible. Thus marriage, modern marriage, is a chief cause of sexual abstinence, of serious psychic conflicts, and of functional and organic diseases. And from this point of view, even if from no other, modern marriage is a failure.

Abstinence in the Climacterium.—The general belief entertained even by physicians that the climacterium in women and the senium in men are characterized by the extinction of the libido is utterly untrue. As a matter of fact, the occurrence of these periods coincides in almost all individuals with a sudden and intense augmentation of somatic sexual excitement. Why this should be so is not known, but it seems to be dependent upon a disturbance in the chemistry of the hormones. In elderly men we may frequently find a diminished potency with a great increase in somatic sexual excitement, and as a result of this disproportion there is a failure on the part of the psyche to consume the sexual excitement and thus again there results sexual abstinence. In women the involution of the reproductive organs is usually accompanied with such an immense increase in the libido that they

are disgusted at it, and in consequence they refrain from sexual indulgence or are incapable of psychically consuming the augmented excitement. In this way it becomes a comparatively simple matter to account for many "nervous" disturbances occurring in elderly people.

Manifestations of Abstinence.—Many persons, medically trained and otherwise, actuated by religious and moral motives, assert that sexual abstinence is not injurious to health. But religion and morals have no place in a scientific discussion of a medical problem. In their discussions the advocates of abstinence point out cases in which abstinence—by which they mean refraining from sexual intercourse with a person of the opposite sex—was not followed by disease. But this argument proves nothing, no more than the fact that not everyone who has the Klebs-Loeffler bacilli in his throat develops diphtheria proves that this germ is not the true cause of diphtheria. Others emphatically assert that they never saw evil results follow abstinence. But this only shows that their observations were very limited, or that their powers of observation are limited, or that they mean something else by abstinence than we do, or that they willfully close their eyes to the truth. Similarly the argument that some persons have been abstinent without developing organic disease or neuroses does not prove that abstinence is not injurious to most persons. It all depends upon the individual's psychosexual constitution, the quantity and quality of one's libido, etc. Besides, many persons never tell the truth about their sexual transgressions and others are guilty of sexual activities without being aware that they are so. It may be of some interest to enumerate the great variety of opinions entertained on this subject by modern writers. (1) There are those who claim that abstinence is harmless (Cramer, Finkler, Gaertner, Gruber, Gruetzner, Hoche, Kraepelin, Lassar, Orbow, Schottelins, Seifert, Selenew, Tuczek, etc.); (2) that it is harmful in some cases (Gruber, Juergensen, Hensen, etc.); (3) that though it is harmless, normal intercourse is preferable (Strümpell); (4) that it leads to masturbation but is preferable to venereal disease (Hoffmann); (5) that it prevents venereal disease (Strümpell, Hoffmann); (6) that it is harmless up to the age of 30, but that after that it tends to produce psychic anomalies (Rumpf, Leyden); (7) that it leads to masturbation and hysteria in some cases (Heim); (8) that it is incompatible with health (Ellis); (9) that it leads to

unnatural practices (Nescheda); (10) that it improves the will-power (Weber); (11) that it is good up to the age of 25 (Tarnowsky, Tschick); (12) that it is harmless up to 25 (Orbow); (13) that it is beneficial at all ages and conserves the individual's energies (Popow); (14) that it is neither normal nor beneficial and as a rule leads to masturbation (Blumenau); (15) that it is harmful after 20 and may cause serious disturbances besides impairing one's capacity for work (Erb), etc.

This great variety of opinion shows only that the methods of observation hitherto employed were unsuited to the study of the problem. A careful reading of the writings of former sexologists, neurologists, etc., shows that the respective writers knew so little of the sexual instincts in comparison with what we know to-day that their conclusions are utterly worthless. Without a thorough knowledge of the Freudian technique and the psychanalytic study of "nervous" patients no one can ascertain the truth about the *vita sexualis* of modern cultured human beings. Such a study of neurotic patients of all sorts has convinced Freud and his school that "the overcoming through sublimation, i. e., deflection of the sexual energies from sexual aims to higher cultural aims, succeeds only in the minority and even in them only temporarily, and least easily in the period of fiery youth. Most of the others become neurotic or come to grief in other ways" (Freud, Sammlung, II, p. 186). Freud has come to the conclusion that the subduing of so powerful an instinct as the sexual requires so much of an individual's energies that beyond the age of 20 it is no longer unobjectionable and leads to neuroses besides other ills. Nature punishes every attempt to thwart the sex instinct. Health is impossible without love.

All clinical experience goes to show that the vast majority of civilized human beings are so constituted that if they live sexually abstinent for a considerable period of time, which period varies with different individuals according to their psychosexual constitution, predisposition to neuroses, physical constitution, environment, infantile and later experiences, education, morals, etc.,—they inevitably and necessarily suffer from a large variety of symptoms. Among these are an impaired capacity for work, depression; lassitude; a falling away from friends; a feeling of indifference about one's clothes, appearance, work, food, and social duties; a lack of joy in life; sleeplessness; weakness of will; loss of ambition; dreaminess and listlessness; distressing dreams;

obstinate constipation; attacks of palpitation; frequent headaches, etc. Students are conscious of an impairment of memory, an inability to concentrate their attention upon their studies; they fall behind in their work and fear that they are doomed to failure in life and to prove a disappointment to their relatives. And thus many do indeed waste the best years of their youth. The suppressed sexual energies strive to be let loose, to find a vent. Erotic thoughts and fantasies permeate almost all of the abstinent's activities and disturb their sleep at night and interfere with their work by day. The occurrence of pains in the testicles and in the cord, a feeling of weight and heaviness in the prostate, an occasional "wet dream," or a slight seminal flow from the urethra during defecation, etc., cause them a great deal of worry which at times leads to a state almost identical with melancholia. Not infrequently there occur all sorts of indefinite pains in the back, in the limbs, in the head, etc. Many suffer from sparks before their eyes, trembling of the hands, stammering, a slowness in recollecting customary and familiar phrases, an inability to speak connectedly, and so forth. The married and those who have once been married are especially unable to endure abstinence. Once the sexual appetite has been gratified, it craves for more and so insistently that it requires all one's energies to resist it.

The general opinion that girls and women can endure abstinence better than men is entirely unfounded in fact. On the contrary owing to numerous causes,—the occurrence of the menses and consequent congestion of the sexual organs, their sentimentality, their suggestibility, modern dress, the perusal of romantic literature, participation in public dances, etc.,—women are less able to endure abstinence. Woman lives essentially for love, and love is sexuality. In mild cases girls are moody, flighty, sentimental, and inclined to mysticism. Later there occur irritability, exaggerated emotionalism, blushing on the slightest provocation, flushing up when addressed by a man, confusion, timidity, stammering and a feeling of weakness when spoken to by a man, a fear of blushing, etc. Erotic fantasies color all their activities and give rise to a feeling of guiltiness and unworthiness. Suicidal ideas and impulses, as also the fear of insanity, are not at all uncommon.

The familiar portrayal of the "old maid" as pale, haggard, surly, moody, capricious, irritable, excitable, unsatisfied, discontented, and "cranky," is too frequently not an exaggeration of

the truth. That these manifestations and many, many more are due to abstinence is proved by the change that comes over her when she is happily married. The woman whose libido is gratified is bright, lively and happy; her eyes are animated, her step elastic, her voice sweet, her disposition amiable and cheerful; she has no aches and no pains; love dwells in her bosom and she radiates happiness on all who come under her influence. Her sister who does not obtain sexual gratification is anything from a confirmed invalid to a veritable Xanthippe.

Organic Disorders Resulting from Abstinence.—It has been very often denied that organic disorders may be dependent upon sexual abstinence; but there is absolutely no reason for rejecting the assertion of careful clinicians that a large number of ailments result directly from abstinence. Chief among these we may mention congestion of the testes, the so-called "painful testicle," testicular neuralgia, prostatic congestion, congestion of the seminal vesicles, orchitis, epididymitis, and even atrophy of the testes. In women we may safely attribute to sexual abstinence the occurrence of the following conditions: anemia, loss of flesh, congestion of the ovaries, ovarian neuralgia, leucorrhœa, dysmenorrhœa, amenorrhea, menorrhagia, metrorrhagia, endometritis, perimetritis, and a condition of thyroidism. The discussion of the pathogeny of these conditions is outside the scope of this essay.

Benefits Resulting from Voluntary Total Abstinence in Adolescents—Inasmuch as moralists and educators are so persistently advocating total abstinence in unmarried adolescents in the face of the constantly accumulating evidence of the injuriousness of such abstinence it is not alien to our purpose to at least enumerate the benefits accruing to the individual from a purposive refraining from sexual activities of every kind. All observers are agreed that up to a certain age, say, about 20 years, the exertion of the will in subduing erotic desires tends to steel the individual's character and to strengthen his will-power; it teaches one to forbear and renounce the gratification of the senses; it impresses one with the conviction that life has nobler purposes and more exquisite pleasures than the gratification of the flesh; it directs the individual's energies into other, more useful and acceptable, channels, e. g., education, religion, athletics, etc.; it teaches the value of perseverance; it keeps its votaries single till

they are fit to enter upon marriage; it secures to the individual that happiness which emanates from self-approbation, and—most important of all—it prevents venereal infection. In the propaganda of modern reformers chief stress is laid upon the dangers of contracting gonorrhea, chancroid and syphilis, and of becoming afflicted with all their possible complications and sequelae. In other words, the attempt is made to frighten young men and women into a life of abstinence. But the propagandists close their eyes to the following *facts*: abstinence is not chastity; that notwithstanding all their best efforts, some persons cannot be abstinent; the ill-effects of spending a large part or almost all of one's energies in the struggle against the sexual appetite outweigh the benefits; that fright is extremely liable to precipitate the individual into neurosis; that the individual and society suffer more from abstinence than they gain; that venereal infection does not necessarily result from non-marital sexual indulgence; that the venereal diseases can be stamped out and are going to be robbed of their terrors by specific remedies, and furthermore, that it is far more preferable to take one's chances with venereal infection than with total abstinence. The ill-effects of abstinence are far greater than those following venereal disease. And, if the truth must be told bluntly, not one individual in a hundred is wholly abstinent for any considerable time after puberty.

THE SEQUELAE of sexual abstinence as we have defined it are so numerous that it is impossible to do more than sketch them in the most meager outlines in these few pages, notwithstanding their tremendous importance to the individual, to society and to civilization. The most important pathological and psychological conditions predisposed to and resulting directly or indirectly from sexual abstinence are the following: masturbation, pollutions, spermatorrhoea, impotence, frigidity, homosexuality, perversions, true neurasthenia, apprehension neurosis, conversion hysteria, apprehension hysteria, phobias, compulsions, hypochondria, criminality, kleptomania, pyromania, melancholia, paranoia, dementia precox, etc.

Onanism—The most frequent, the most serious, and almost inevitable result of the attempt to live sexually abstinent after puberty is Onanism. By this we mean any form of sexual activity other than normal coitus between two persons of opposite

sexes; but in a more restricted sense onanism means the obtainment of sexual gratification by the manipulation of one's genitals. In consequence of the sexual hyperesthesia resulting from sexual abstinence there occur frequent erections, congestion and titillation of the genitals which indirectly lead the individual to touch his genitals or to squeeze them between his thighs; from this to masturbation is an easy step. Coitus interruptus, coitus condonatus, etc., perversions, homosexual practices, prolongation of the fore pleasure, etc., are in most instances only forms of onanism. Some form of sexual activity other than normal coitus is so universally practiced at certain periods that it may almost be said that onanism is a normal physiologic process. There is probably not one normal individual out of a hundred who has not masturbated at some time of his life, especially in infancy, childhood and early adolescence; but it is not at all rare at any period of life, in the single as in the married. Because of physical and psychological reasons masturbation is more easily accomplished and more commonly practiced among females than among males. In infancy onanism is physiological and is the expression of the normal autoerotism; in the sexual latency period masturbation is not as frequent and occurs probably as a result of instruction, seduction or a congenitally excessive sexual appetite and a diminished capacity for sublimation. After puberty it is the natural substitute for normal gratification in persons who for various reasons cannot obtain the latter; in the married it results from the failure of coitus to gratify the libido. Whenever the individual fails to find in his environment the means of gratifying the libido, the libido is introverted and the individual resorts to that means of sexual gratification which was characteristic of him in his infancy; for the time being he reverts to the infantile autoerotism.

But masturbation is only a poor and inadequate substitute for normal coitus. As a compromise between the normal, healthy gratification of the heterosexual love instinct and the desire to comply with the dictates of our morality and religious teachings, it is dangerous and unsatisfactory. Owing to the absence of the requisite forepleasure and the satisfaction of the human craving for love, masturbation really gratifies only one of the partial sex-components and there is no adequate discharge of the libido or accumulated sexual tension. As a result of this the individual suffers from a chronic toxemia which demands a frequent repeti-

tion of the masturbatory activities. The secrecy, the feeling of humiliation, and guiltiness with which these acts are carried out seriously impair the onanist's psyche and his character. His health suffers because of the excessive drain on his nervous energies. But the greatest danger of prolonged masturbation lies in the great probability of the fixation of the fantasies, conscious or unconscious, usually of an incestuous nature, which accompany the auto-erotic acts. In this way there may result a fixation of the infantile sexual aims or a persistence of psychic infantilism which constitute the chief predisposing factors for the subsequent development of a grave neurosis.

The habitual masturbator is always conscious of wrong-doing, fears detection, is aware of the injurious after-effects (depression, headache, lassitude, loss of appetite, etc.) of his "sinful" acts, and apprehends permanent injury to his nervous system. He becomes seclusive, reserved, shy, timid, suspicious, distrustful, —in other words, asocial. Bad cases resemble mild cases of paranoia. But it is also true that if the individual can react sufficiently, he may develop traits of a very admirable character, and be distinguished for veracity, frankness, sincerity, honesty, modesty, ambition, idealism, moderation, etc.

Pollutions.—Nocturnal seminal emissions are such frequent occurrences in persons living in sexual abstinence for any considerable period, and in those whose libido is not properly gratified, that many regard them as nature's method of relieving the tension in the genital glands, preventing auto-intoxication and diverting the mind from the sexual. If this were entirely true, nocturnal pollutions might be regarded as a sort of safety valve for the individual's sexuality. But, as a matter of fact, pollutions are no more a desirable or normal physiological vent for sexual substance than nocturnal enuresis is a normal relief for distention of the bladder. And, in truth, a pollution is not a manifestation of chastity or sexual purity, for it is invariably only the orgasm of a sexual experience in a dream (even though the dream be only latently sexual.) Pollutions are of great pathogenic significance in the production of functional neuroses because of the organic after-effects (headache, depression, fatigue, etc.), the humiliation at the sexual nature of the dreams, the shame of leaving traces on the bedding and underwear, the turning of the mind to sexual themes, the fear of the loss of one's

"manhood," and, if frequently repeated, the exhaustion of the nervous energies. Pollutions do not gratify the individual, either male or female, and involve him in psychic conflicts akin to those with which the masturbator has to contend. But if the pollutions are not too frequently repeated and the victims' minds are relieved from worry concerning them, they are robbed of their terrors and prove quite harmless.

Enuresis Nocturna.—From what we have learned from patients suffering from nervousness and also from healthy persons who have subjected themselves to a psychanalysis, we can confidently assert that in every instance where no organic disease of the urinary apparatus exists, bed-wetting, beyond the age of three years, in males as in females, is the physiologic and psychologic equivalent of a pollution. The enuresis represents the orgasm of a sexual dream and occurs chiefly, if not exclusively, in the sexually abstinent. The individual failing to obtain adequate sexual gratification from his environment, finds a substitute by unconscious regression to a form of infantile auto-eroticism. As may readily be inferred, its frequent repetition, especially in childhood and adolescence, and the dreams accompanying it may easily involve the sufferer in conflicts predisposing him to and involving him in psychoneurosis.

Diurnal enuresis and frequent urination, in the absence of organic lesions, have the same auto-erotic significance as nocturnal enuresis. The attempt to cure a so-called "weak bladder" by advising the sufferer to pass his urine in driblets, as advocated by many, will invariably convert the patient into a masturbator and not infrequently into a urethral erotist.

Spermatorrhea.—The diurnal emission of semen upon the slightest provocation, e. g., riding in a train, looking at representations of the nude, reading suggestive literature, handling garments or articles belonging to a person of the opposite sex (or the same sex in homosexuals), passing through an art gallery, sitting at stool, urinating, riding horseback, speaking to, seeing or kissing a person of the opposite sex, etc., are not at all uncommon manifestations of the sexual hyperesthesia resulting from the attempt to be sexually abstinent, to comply with the approved morality of society as at present organized. The frequent recurrence of such involuntary emissions cause the victims a great deal of worry concerning their health and future sexual vigor be-

sides worrying them about their chastity. The depression resulting from nocturnal and diurnal pollutions can be appreciated only by a psychanalyst or sexologist.

Satyriasis and Nymphomania.—Prolonged abstinence in a person endowed by nature with a high degree of sexuality not rarely results in a condition resembling a true satyriac mania. Every act and thought is colored by erotic fantasies. The patient is so hypersensitive sexually that every slightest thing or occurrence that stands in direct or indirect (symbolic) relationship to the sexual gives rise to erections with or without emissions, or to pleasurable sensations in the genital organs. Speaking to a person of the opposite sex (or of the same sex in homosexuals) excites the individual to such an extent that his heart palpitates, he trembles, blushes, gets dizzy, is confused, feels hot and cold in turns, and so forth. In the analysis of these cases, the masochistic and perverse instincts will be found to play very prominent rôles.

Day-dreaming.—The indulgence in day-dreams is a prominent characteristic of those who do not obtain sexual gratification in the world of reality. The fantasies, which may be unconscious, represent the abstainer's refuge from his discontent into the world of dreams where he may fulfill his secret wishes to his heart's content, without molestation or fear. These wishes are invariably of an erotic or ambitious kind, and even behind the latter the erotic can easily be recognized. In all such day-fantasies the sadistic, masochistic, incestuous and perverse sex-components can easily be discovered. In reality, every day-dream is a kind of psychic masturbation and brings the individual nearer to a psychoneurosis.

Homosexuality.—As a result of the natural bisexual constitution of man, we are all homosexual to a certain extent, though in the course of the individual's evolution to maturity, the homosexual component is repressed and sublimated. But if after puberty, the danger period for the normal evolution of the sexual instinct in our adolescent boys and girls, the heterosexual love instinct is not or cannot be gratified and must be suppressed, the main stream of the libido is blocked and dammed back into the homosexual tributary. Passionate friendships between persons of the same sex are really manifestations of homosexuality. As a compromise between the homo- and hetero-sexual impulses within

the psyche, the abstainer resorts to masturbation, and inasmuch as this is really a return to a form of infantile eroticism, the earliest form of sexual gratification, there is great danger of the reawakening and revivification of the repressed incest complex. How readily and frequently and naturally homo-sexuality is practiced where normal coitus is interfered with for any reason (inaccessibility of the hetero-sexual love object, lack of love between husband and wife, the dangers of hetero-sexual intercourse, etc.) is manifest from what we know concerning the doings among soldiers in barracks, sailors on board ship on long cruises, prisoners in jail, boys and girls in boarding schools, etc. The sexual aim in these cases is mutual masturbation, intercourse per anum, or a mere effusion of love. Under favorable conditions most of these fortunately return to normal hetero-sexuality. But if for any reason this reawakened homo-sexuality lasts for a considerable length of time, there is great danger of the psychic fixation of the inversion and subsequent hetero-sexual impotence as well as a predisposition to a psychoneurosis, alcoholism, criminality and paranoia.

Perversions.—Psychanalytic investigations have proved that all human beings are by nature polymorph-perverse, i. e., they have within them the capacity and the inclination to obtain sexual gratification by perverse practices, e. g., sadism, masochism, exhibitionism, voyeurism, pederasty, fellatorism, etc. It is true that in the course of evolution from the pansexualism of infancy to the so-called normal hetero-sexuality of adults these perverse elements or components of the sex-instinct are repressed; but this repression is not complete, for rudiments or traces of these perversions are constituents of the normal sexual aim, i. e., are manifested during and preceding coitus, e. g., kissing, looking, hugging, touching, talking, stroking, biting, pinching, etc. In general these actions are not regarded as sexual acts. Now, if a person (be he single or married) endowed with a strong sexual instinct, or (and) one whose sexuality did not undergo a normal evolution because of infantile and childhood psychosexual traumata, cannot gratify the cravings of his sexual instinct after reaching maturity, the further normal development of his sexuality is interfered with, the primacy of the genital zone is prevented from being established, the libido is withdrawn from the outer world (i. e., is introverted) and driven back into any one of the

subsidiary branches of the libidinous stream. In this way any one of the sexual instincts or partial impulses may assume dominance. The repressed energy then finds expression either as a perversion or in the symptoms of a psychoneurosis. The frequency of perverse practices among abstainers is notorious, but it is not so generally known that in a large number of cases a boasted abstinence is only a mask to conceal a perversion. The dangers of a fixation of a perversion ought to be obvious.

Bestiality, Etc.—Without going into details, we may say that the not infrequent resort of human beings to sexual relations with animals is no more a sign of degeneracy or insanity than perverse or homosexual practices, and that the cause of this degrading vice is to be found in infantile sexual traumata and the difficulties that our modern marriage system interposes between the individual and the gratification of the normal instinct. So, too, if the normal sexual object is inaccessible or the realization of the normal sexual aim is for any reason deferred too long, *fetichism*—the substitution for the normal sexual object (a person of the opposite sex) of some other object (a part of the body or an article of clothing, etc.) related to it but totally unsuited for normal coitus—may result and become permanently fixed in the individual's psyche. *Assaults on children*, as is well known, are frequently perpetrated by teachers and domestics, and are due solely to sexual abstinence. *Incestuous practices* between parents and children are almost invariably due to marital unhappiness or to psychic or other hindrances to the adult's gratification of his or her sexual aim.

Criminality.—As we have seen, owing to the numerous and often insurmountable obstacles to the gratification of the overpowering sexual impulses in adolescents and adults, especially in the former, the individual is put to the extremely difficult task of sublimating his wishes and instincts or of suppressing and repressing them. In the unconscious, the repressed incest complex, inversion and perversion complexes, become charged, as it were, with the newly repressed energies. In consequence of this, the individual feels himself dimly impelled to gratify perverse longings, to do something that society and morality condemn as being criminal, i. e., against the best interests of the species. This impulsion to "do wrong" or "go wrong" cannot remain repressed forever and expresses itself either in some criminal act

or in the symptoms of a psychoneurosis. That environmental conditions and education, etc., also have their share of responsibility in the formation of a "criminal" is not denied. But from our point of view, criminality is very frequently the expression of a neurosis, of an impulse obsession to wrong-doing. As Wulffen puts it: "criminality is repressed sexuality and an equivalent thereof." This is best illustrated in pyromaniacs and kleptomaniacs. It has for some time been known that *kleptomania* (shop-lifting) occurs chiefly in strongly libidinous women whose sexual hunger is not satisfied and who haven't the courage or opportunity for sexual gratification. In all cases the theft is the symbolic performance of the coveted forbidden act; they have substituted one wrong, the lesser, for another,—in other words, the affect was transferred from the sexual to the criminal. It is interesting in this connection to note that the objects stolen stand in symbolic relationship to the sexual, e. g., purses and bags, parasols, umbrellas, silk handkerchiefs, etc., and are not stolen for their intrinsic value. *Pyromania* occurs chiefly in adolescent males, and occasionally the offender admits to having had an orgasm at the sight of the mounting flames and excitement. The symbolic significance of fire (=passion), in the minds of most human beings furnishes the explanation for the obsessive impulse in the abstinent. What share the toxemia of sexual abstinence and the various partial impulses play in the awakening of the latent tendency to criminality inherent in all humanity cannot be discussed here.

Alcoholism.—While the psychology of chronic alcoholism (or dipsomania) is not yet fully understood, psychanalytic researches warrant the conclusion that notwithstanding the victim's placing of the responsibility for the habit on social usages, family squabbles, business troubles, etc., the true causes lie in the unconscious. In other words, the alcoholic habit, like criminality, is a neurosis resulting from the partial failure of the repression and sublimation of certain asocial trends or desires. Chief among these is the homo-sexual component, as is evident from the alcoholic's dreams and delirious fantasies, from the habit of drinkers of the same sex to congregate, from the vulgarity or smutty jokes indulged in at such meetings, from the passionate protestations of love and friendship by drinkers to each other, from the tendency to homosexual practices among them, from their not infrequent

delusions of persecution, and, by the mechanism of projection, from their characteristic jealousy of their marital partner. In most of these cases the individual's repressed homopsychic component was reawakened and recharged with energy as a result of the impossibility of gratifying the libido by normal hetero-sexual object love. As other important factors in the yielding to the craving for spirituous liquors, we may mention the unconscious desire to gratify the sadistic and masochistic instincts, the desire to relieve the psychic tension by temporarily blotting out the knowledge of his affairs, and, finally, the gratification of the auto-erotic impulse. The significance of auto-erotism in the psychology of alcoholism was very interestingly pointed out by Juliusburger. Akin to the satisfaction derived by the alcoholic from the erogenous function of the mouth zone is the pleasure of the inveterate smoker, chewer and candy-eater.

Impotence—The most frequent and most dangerous sequel of prolonged continence is some form of partial or complete sexual impotence. The prolonged suppression of the most powerful "animal" instinct necessarily results in a partial atrophy of the genital glands by reason of their non-use and the absence of that summation of sexual stimuli which is essential to sexual vigor. Long continued voluntary abstinence develops in the individual an asceticism bordering on masochism and an ever increasing aversion for the female and everything suggestive of sexuality or "bestiality," as he now terms it, and thus there is brought about a gradual and progressive weakening of the libido which may go on to the point of total extinction or psychic castration. And thus our so-called morality and a religion not adapted to the natural constitution of man result in a quenching of the sexual desire, in other words, in a fixation of abstinence. Such persons have lost the capacity for love. Even those who have not gone as far as this, worry so much about the manifest diminution of sexual power and the pollutions and spermatorrhea complicating their abstinence, that there is a further impairment of the libido and sexual vigor. The fear of impotence resulting from abstinence, pollutions, masturbations, etc., is not infrequently the cause of partial impotence and other symptoms of a neurosis. In many the longing for love and the capacity for its enjoyment are almost wholly destroyed by the fear of the consequences of heterosexual coitus, e. g., venereal disease, progeny, etc. But the greatest peril

of sexual abstinence is the certainty of the abstainer resorting to masturbation with conscious or unconscious incestuous fantasies. This form of auto-eroticism is so convenient, so pleasurable, and so free from certain dangers characteristic of a normal *vita sexualis* that the habit becomes so fixed in the psyche that the masturbator loses his ability to transfer his love upon a person of the opposite sex and finds normal coitus only a poor and unsatisfactory substitute for masturbation. The premature emission (*ejaculatio precox*) which is so characteristic of the former masturbator expresses his discontent with his partner, his disappointment in the so-called normal heterosexual love as compared with the delights of auto-erotism. Thus the chastity of adolescents advocated by masochistic and impotent propagandists is the worst possible preparation for marriage, and if a disciple of their teachings marries, the union is bound to be an unsatisfactory and unhappy one. Sooner or later attempts at coitus are given up altogether and therewith the prop of marriage is gone. The *descensus Averni* need not be pursued further.

Frigidity.—Much of what we have said in the former paragraph about the mechanism and psychology of impotence in the male applies literally also to frigidity in the female (*dyspareunia*). But in women the results of the concealment from them and suppression in them of everything pertaining to the sexual and the prolonged abstinence imposed upon them are much more damaging and lasting than in the male. Our hypocritical morality does not wink at illicit and purchased pre-marital coitus in the case of women. A girl is theoretically brought up so as not even to know the existence of the sexual impulse. The forces of disgust, shame and morality are so over-developed in them that everything pertaining to the sexual is regarded by them as animal, bestial, vile, disgusting. Thus it frequently happens that a normal, healthy, affectionate girl past the age of puberty finds herself involved in a serious conflict between her awakened and imperious libido, on the one hand, and the various inhibiting forces on the other. She wages a conflict that is too much for her as long as she can and then—failure. If she does not fall—and when a woman falls she falls on her back—she resorts to masturbation, develops a neurosis or a psychosis, or commits suicide. As a result of the prolonged auto-erotic gratification with conscious or unconscious incestuous fantasies—a manifestation of

the regression of the libido—there ensues an inability to transfer her love upon a strange male and she is partially or wholly frigid. She has so long been accustomed to obtaining gratification from the titillation of the clitoris or labia minora (which play almost no part in coitus) that the titillation of the vaginal mucosa by the penis is ineffective to bring about the discharge of the libido. And so it often happens that a woman has to masturbate immediately after coitus to relieve her excited tension. In consequence, many of these women worry about their inability to gratify the husband, about being sterile, about not loving their husband, about their disappointment in married life, about their wickedness and sinfulness, etc. Without sexual gratification for both husband and wife, domestic happiness and harmony and indulgence in each other's shortcomings are impossible. Marital happiness is frustrated by the long preparation for it. And thus the woman's fixation in abstinence or in auto-erotism is of the greatest consequence to the individual as to society. In some women the idea of sexual pleasure is so intimately associated with the idea of a forbidden act that they cannot obtain gratification from approved and proper marital coitus,—to enjoy the act they must do something forbidden. Thus our false education of girls predisposes to adultery. In another set of cases the fear of pregnancy and of venereal diseases bring about a temporary psychic impotence. In others the husband comes so short of the ideal, usually the father or brother, to whom the woman's love is unconsciously anchored, that she cannot identify him with the object of her unconscious incest fantasy and consequently cannot transfer her love upon him and is frigid. Psychic perversion and inversion, i. e., fixation in some stage of psychic infantilism, also unfit a woman for normal heterosexual love. Partial or total impotence in the husband is a very frequent cause for a woman's frigidity, but much more frequently the wife of such a man finds herself in a terrible conflict between propriety and unsatisfied longings; the outcome is either infidelity or neurosis.

True Neurasthenia.—Inasmuch as I have dwelt at length upon True Neurasthenia, from the Freudian point of view, elsewhere (*Critic and Guide*, July 1912), I shall only say here that this disease follows invariably in the wake of excessive masturbation and too frequent pollutions. The relationship of sexual abstinence to masturbation and pollutions is evident from what has

preceded. The classical symptoms of this neurosis are pressure on top of the head, sleeplessness, spinal irritation, diminished power of attention, diminished capacity for work, impairment of the memory, increased susceptibility to fatigue, emotional irritability, dyspepsia, flatulence, constipation, paresthesias, depression and diminished sexual potency. The pathogenesis of the disease depends upon four factors: a chronic toxemia from the incomplete elimination and metabolism of certain hormones (thyroid, prostatic, testicular, ovarian, etc.); the psychic conflict between sexual desire, on the one hand, and the feelings of guilt, shame and remorse which accompany the masturbatory activities, on the other; the excessive output of psychic energy demanded by masturbation as compared with coitus, and, fourthly, the inadequate relief of sexual tension furnished by substitutes for normal coitus. True Neurasthenia is frequently associated with Apprehension Neurosis and constitutes an excellent soil for the development of a Hysteria.

Apprehension Neurosis.—This condition, too, I have described elsewhere (*Critic and Guide*, Dec. 1911; *American Medicine*, Dec. 1911) and shall therefore not go into details at this time. It is one of the fundamental doctrines of the Freudian school that without some disturbance in the *vita sexualis* there can be no neurosis. Every such disturbance, however, implies the insufficient and inadequate elimination of the accumulated libido, no matter how this is brought about,—in other words, non-gratification of the sexual instinct (sexual abstinence) is at the bottom of every neurosis. In apprehension neurosis the physical causes of inadequate gratification predominate, notably the abrupt introduction of innocent girls and newly married young women to gross sexual experiences, *coitus interruptus*, *coitus reservatus*, *coitus condomatus*, *ejaculatio precox*, the ardent futile embraces of engaged couples, widowhood, a disproportion between desire and potency (in the climacterium of women and senium of men), and voluntary sexual abstinence (especially after a long career of masturbation). Mental factors also play a part in these cases, but we reserve their consideration for the section of the Psycho-neurosis where they play the leading rôle. In consequence of these various conditions the psycho-physiological sexual excitation is not eliminated either somatically or psychically but is stowed up or accumulated; being diverted from the normal aim

the sexual excitations manifest themselves psychically as morbid apprehensions and physically as somatic symptoms. The morbid apprehension which is the main feature of the disease is a derivative of the repressed sexuality as well as a reaction against it. Apprehension neurosis may thus be said to be the result of and a substitute for unsatisfied love. The part played in the pathogenesis of the disease by the disturbance in the chemistry of the libidogenous substance and hormones is still a matter for future investigation. So, too, the exact rôle of psychic conflicts, introversion of the libido, and reanimation of old infantile conflicts, have not been definitely established. The symptoms are so numerous and occur in such various combinations, continuously or in attacks, and involve so many different parts of the body, that it is impracticable even to enumerate them in this place. Among the circulatory and respiratory disturbances we have tachycardia, brachycardia, phrenocardia, dyspnoea, sobbing, thoracic oppression, and asthmatic attacks; in the vasomotor sphere we have sudden congestions, redness or pallor, chills, goose skin, etc.; in the secretory and excretory spheres we have dryness of the mouth, diminution of the gastric juices, outbreaks of perspiration, polyuria, pollakiuria, diarrhea, polydipsia, etc.; in the sphere of the involuntary muscles, globus, strangury, pollutions, constipation, colicky pains, etc.; in the gastric sphere, loss of appetite, nausea, vomiting, voracious hunger, pyrosis, etc.; in the motor sphere, great restlessness, purposeless moving about, trembling, twitchings, etc.; in the sphere of the sensory nerves, paresthesias of all sorts, neuralgic pains, excessive sensitiveness to light, hyperacusis, etc. Among many other symptoms we shall mention only a marked general irritability, distressing insomnia, moodiness, crankiness, worrisomeness, abnormal apprehensiveness, locomotor vertigo, localized edemas, dermographia, urticaria, occupation neuroses, nightmares, distressing dreams, dizziness, fainting spells, certain phobias, a diminution of sexual desire, etc., etc.

The Psychoneuroses.—Under this term we include Conversion Hysteria, Apprehension Hysteria (Phobias), Obsessive or Impulsive Ideas or Acts, certain forms of Epilepsy, etc. We may state it as a result of psychanalytic investigations that in the evolution of every psychoneurosis there are three stages: (1) That of infantile fixation or disturbance of the libido; (2) That of repression and (3) That of symptom formation. As a result

of certain experiences in the infancy of persons of a peculiar psychosexual constitution there occurs an interference with the normal evolution of the libido, or, in other words, a fixation of some particular phase of the individual's sexuality. During the lives of all of us there occur all sorts of experiences and wishes of a sexual nature the recollection of which—for reasons of shame, disgust, conscience, etc.—is disagreeable to us, and which we strive to forget (to repress). As a result of the dynamic nature of these repressed processes there results a conflict between these two antagonistic forces; the censured wish that is seeking to realize itself consciously and the forces that strive to keep all knowledge of these wishes out of consciousness. Subsequently, as a result of the various physical causes of inadequate sexual gratification that we have enumerated in the preceding section and the accompanying psychic conflicts, the libido is withdrawn from the disappointing world of reality and introverted, and the repressed infantile desires are recharged with energy.

The psychic factors e. g., repressed infantile sexual components (fixation of the libido on one or other parent, masturbation, etc.), a homosexual tendency, a perverse tendency, etc., play the most important rôle in the individual's inability to gratify his libido. For physical and (or) psychic reasons the individual cannot consume the accumulated libido and morbid apprehension necessarily results. The attempt at repression does not succeed and there follows a compromise between the repressing force and the repressed desire. This compromise constitutes the symptoms of the neurosis. We may say, then, that the symptoms of a psycho-neurosis are the disguised fulfillment of unconscious desires; in other words, the symptoms are the equivalents of and substitutes for the patient's sexual activities. In all these cases the free floating fear which represents the unconsumed libido attaches itself to any one or more of the pathogenic complexes that exist in abundance in all of us and so give rise to all sorts of phobias. The rôle played by the erogenous zones and the mechanism of the production of the great variety of puzzling symptoms cannot be entered upon here. Nor can we now take up the discussion of the influence of psychic conflicts and an unsatisfactory sexual life, upon the chemistry of the internal secretions and the relationship of this to the process of symptom formation. The influence of heredity is also not to be overlooked in this connection, any more than the banal factors (shock, worry, illness, etc.) to which most writers—erroneously—attach prime importance.

The Psychoses—Most observers are agreed that the development of certain psychoses is favored by sexual abstinence by virtue of the depression resulting from suppression of the libido and the exhaustion of mental energies in the effort to overcome the sexual cravings, etc. That there is a great deal of truth in this belief is evident from the frequency with which dementia precox (paraphrenia) and other psychoses break out in the period of adolescence which, as we know, is a particularly dangerous period for all individuals who by constitution and heredity are predisposed to a neurosis. Of the mechanism of the evolution of the psychoses, with the exception of paranoia, we know as yet very little. Freud and Ferenczi have shown that very often, perhaps always, paranoia develops as a defensive reaction against the irruption of the repressed homosexuality in individuals in whom certain injurious banal factors acting upon a fixed infantile "narcismus" have undermined or destroyed the sublimation of the homosexual impulse.

To anyone who has thought at all about the sexual life of the cultured races it must be evident that our treatment of the subject is anything but complete. We have said and suggested very little about the deleterious influence of sexual irregularities on the character of the individual, the injury to society resulting from the diminished working capacity of persons struggling with their sexual desires, the great economic loss resulting from the steady increase of neurotics (which keeps pace—step for step—with the heightening of sexual restraints), the greatly diminished joy of life and general discontent and apprehensiveness, the injurious influence of parental disharmony and neuroses on the development of the children, and the prevalence of prostitution and venereal diseases. We are paying too high a price for our theoretical morals,—morals for which we are not fitted by constitution. And it is this conflict between our natures and our hypocritical morality that makes of us—especially Americans—a nervous, unhappy, pessimistic, money-grubbing, and loveless people.

How is this melancholy state of affairs to be remedied? Because of the medical and sociological significance of the many difficult problems touched upon in the preceding pages we shall outline, though briefly, such measures as seem likely to remedy and prevent the conditions enumerated as well as to assist the race in its cultural progress. As to the treatment of the various or-

ganic and functional diseases, the actual neuroses and the psycho-neuroses, by general medical measures and by some form of psychotherapy, preferably psychanalysis, we shall say nothing at this time. Prevention is better than cure—and cheaper and more certain.

1. Infancy and Childhood.—The psychosexual traumata, real and imagined, that occur during the first six years of life determine the occurrence of a psychoneurosis later in life. Anything that occurs later in life acts only as exciting cause and supplies the energy that reanimates and activates the repressed infantile complexes and desires. If, then, the increase of the neuroses is to be arrested, all our attention must be directed to the period of infancy. Parents and others entrusted with the rearing of infants must be instructed along the following lines: not to stimulate and excite the children sexually by rocking them, kissing them often, kissing their genital or gluteal regions: irritating the genital and anal zones when cleaning, bathing or dressing them; pacifiers, nipples and milk bottles should not be left in their mouths for a long time; they should not be permitted to sleep with their parents or where they can overhear sexual embraces; everything suggestive of the coarse sexual should be carefully kept from their eyes and ears; they should not be left lying in soiled or wet diapers for any length of time; the functions of the bladder and rectum should be looked after simply and in a business-like way, without any ceremonial or excessive fussing; rivalries and jealousies between children should be guarded against in every way possible; the parents must refrain from quarreling, so as not to elicit the sympathies of their children on behalf of the one or the other parent and so teach them too early to love and hate; the child's sexuality must not be prematurely awakened by expending too much love upon it; undue severity with a child is as dangerous as excessive fondling and pampering; young children should not be permitted to see their parents naked or in the performance of their excretory functions, etc.; but in all these things the parents must avoid giving the child the impression that they are concealing anything from it or that there is something to conceal. That the children must be carefully guarded against being sexually abused or enlightened by companions, domestics and tutors, goes without saying. Exciting tales of adventure, cruelty, cunning

and ghosts, must be strictly tabooed. Infantile masturbation in moderation should be wholly ignored, as it is harmless and universal; if practiced to excess it shows that the child is already suffering from a neurosis and in need of skillful medical attention. In trying to break a child of the masturbatory habit it is of the utmost importance not to threaten or frighten it. The games of little boys and girls should be supervised by their elders. Corporal punishment, especially spanking the gluteal region, in sport or in earnest, should be refrained from. Above all it should be borne in mind that young children are very suggestible; humiliating comparisons with other children should be shunned like wildfire; favoritism should not be permitted to occur and the weakness of children should not be brought home to them. Other precautionary measures along these lines will readily suggest themselves to intelligent parents and learned physicians.

2. Sexual Education.—Without going into details I shall only say that a child's curiosity as to sexual matters, the distinction of the sexes, the source of children, etc., is to be satisfied exactly in the same manner and spirit as his curiosity regarding anything else that vexes his infant mind. This must be done privately, by either parent, simply, tactfully, truthfully, beautifully—and wisely, without fuss or ceremony, and in accordance with the child's understanding. The parent of the future must be educated to this and how to do it. The classroom is no place for such instruction.

3. Schooldays.—During the schooldays the child must be guarded against the reawakening of the repressed sexuality by perverse playfellows. This applies particularly to the years preceding puberty, the most dangerous period for the developing boy or girl. Erotic "literature" of every description, decent and indecent, especially the latter, is devoured with avidity at this time and works incalculable damage. The sexual education of the child is to keep pace with his or her development. Sports and pastimes that are capable of arousing sexual feelings and desires, e. g., wrestling, swinging, carousal riding, certain dances, etc., should be discouraged. Nothing is so likely to plunge a maturing boy or girl into some form of masturbation as sitting over long and difficult lessons after school hours; the tasks assigned to children for homework should be light and

should require only very little time. In the class-room children should be given plenty of time in which to perform the work assigned them; hurrying a child or standing over him excites him so that he is very apt to masturbate. For the same reason the strain of preparing for and passing examinations should be abolished: every competent teacher knows what pupils are fitted for advancement.

4. Adolescence.—Much of what has preceded applies literally to the period following puberty. With the occurrence of sexual maturity sexual desire is awakened and, in healthy individuals, cannot be repressed without danger. Nature takes no cognizance of artificial economic or sociologic barriers to the gratification of the libido. The sexual instinct may be maltreated and fretted but it cannot be played upon. A large portion of the libido may be sublimated into work, athletics, literature, art, ethics, religion, etc., but it is impossible wholly to divert it from its natural ends (pleasure and procreation). Modern civilized life is so full of sexual excitants that no normal human being can avoid coming under their influence, and even if he could, nature would not permit it. To frighten adolescent boys and girls into abstinence by exaggerated portrayals of the consequences of gonorrhea, chancreoids and syphilis, is as immoral as it is futile, and extremely apt to beget a large number of venerophobes. To teach girls that the sexual is vile, degrading, or bestial, is to make them incapable of love and to become responsible for their marital frigidity, misery and infidelity. Masturbation should be discouraged because of the great temptation to its frequent repetition; but if it is practiced in moderation, when the sexual furor cannot be appeased in any other way, and without the simultaneous indulgence in fantasies, it is harmless. Fortunately we physicians will rarely be called upon to teach any one how to masturbate. Nature has attended to that for us. But in case of need, we should not hesitate to perform our plain duty. In our present sociological régime masturbation for boys and girls of a certain age, endowed with a certain amount of sexuality, is an absolute necessity and may save them from a grave neurosis or a career of crime.

5. Prostitution.—That the sexual cannot be wholly suppressed is tacitly admitted by modern morality's sanction of the double standard for men. But if prostitution is prohibited for

women, it should also be prohibited for men. That prostitution is a poor, inadequate, and dangerous substitute for a normal sexual life is clear from what has preceded. If, however, it is to be permitted to continue, it should be licensed, segregated, properly supervised, and there should be no calumny attaching to one resorting to it.

6. Early and Terminable Marriage.—A fairer, more equitable, more salutary, and more proper way out of the dilemma, however, is to so modify our marriage system as to make it possible wholly to do away with prostitution, prolonged abstinence, etc., and to enable adolescent and adult men and women to lead a normal sexual life. As soon after or about the age of twenty—the “romantic age”—as men and women find a vita sexualis necessary for their health they should be encouraged to marry without regard to their financial status. If the newly married couple cannot or do not wish to go into housekeeping, they should continue to abide with their parents or with the parents of either of the contracting parties until they decide to live together by themselves. Unhappily married couples should be permitted to sever their relationship more easily than at present, somewhat along the lines outlined by Ellen Key in her book, “Love and Marriage.” Incurable ejaculatio precox, impotence, venereal disease, frigidity, incompatibility, adultery, insanity, desertion, non-support, inversion, perversion, etc., should be sufficient grounds for divorce. Love, and love alone, should be the basis for marriage,—if the psychic health of the race is to be saved.

7. Prevention of Conception.—The greatest obstacle to early marriage is, without exception, the great probability of parenthood and the expense, responsibility and sacrifice, associated with the rearing of children. So, too, in the married the desire to avoid a numerous progeny is the cause of refraining from coitus or resorting to various tricks to frustrate the procreative instinct. How these procedures favor the development of the psychoneuroses, prostitution, the gradual estrangement between husband and wife, adultery, etc., is obvious to one who has followed our thesis. To prevent all this, our laws must be so modified as to permit physicians to instruct men and women in the art of preventing conception. No physician who has seen the benefits of such instruction in restoring marital happiness and

in doing away with distressing symptoms can have any doubts as to the wisdom of the policy herein advocated.

8. Licensed Abortion.—Until the medical profession has perfected a method of preventing conception in a non-castrated female it should not be illegal for a duly licensed physician to induce a miscarriage at any time during the first three or four months of gestation.

9. Psychanalysis.—Finally, as one of the most valuable prophylactics against the occurrence of the actual and psychoneuroses, of psychic impotence, of alcoholism, of criminality, of masturbation, etc., the psychanalysis of every maturing boy or girl that shows the slightest signs of "nervousness" is to be highly recommended. For this purpose a board of trained psychanalysts ought to be connected with every public school, orphan asylum and reformatory.

Along these lines must our efforts be directed if we are to insure the physical, mental and moral health of the race.

CALCULI OF THE URINARY BLADDER CAUSING EXTREME RETENTION.*

By JOHN C. SPENCER, M.D., San Francisco, Calif.

PATIENT, male aet 78, presented himself on October 7th, 1915. In spite of being a man of brilliant mind and strong character, he gave a rather vague and meager clinical history.

Thirty six years ago had lues. This had been rather energetically treated at that time, but in the absence of accurate methods, patient was the subject of a well-marked syphilophobia.

Many years previously he had been through two severe pneumonias leaving him much incapacitated physically.

He had had gonorrhea on three occasions at fairly widely separated intervals. About five years ago he first began to notice difficulty in urinating. The stream lacked force and the act was prolonged. Gradually urination became more frequent diurnally and nocturnally. He has had complete control until within the last few months diurnally, but has had to wear a rubber urinal because of nocturnal enuresis.

Status Praesens. Appearance and general body habitus, senile. Appetite fair, bowels chronically constipated. Musculature flabby, panniculus well-developed over the trunk. Vision rather poor. Some irritation of the left eye, which was subjective. Inspection of thorax and abdomen revealed the following:—

Cardiac impulse was very forcible, causing a synchronous tremor of the entire thoracic and abdominal parietes. There was a diffuse systolic bruit heard most distinctly over the cardiac apex. There was moderate cardiac enlargement in all dimensions. Lungs apparently normal. No enlargement of liver or spleen.

The entire hypogastrium and the lower half of the umbilical quadrant were completely filled by a firm, prominent, movable tumor yielding a flat percussion-note. The tumor was not compressible. The superficial arteries were more or less tortuous and thickened. Pulse was hard and full.

Palpation of the prostate gland, showed marked enlargement although its complete delineation was not possible owing to the pain caused by even the most gentle palpation. Patient then passed

* Read before the Urological Section of the San Francisco County Medical Society, November 30, 1915.

about 150 c.c. of hazy, opalescent urine. A filtered specimen showed a small amount of albumin. No sugar. Spec. Grav. 1010. Microscopically there were a few pus-cells and many epithelia from the deep and superficial layers of the bladder mucosa. No blood or tube-casts. There was a slight oedema of the lower third of each leg, extending about a handbreadth above the shoe-tops.

A No. 15 F., soft rubber catheter was introduced into the bladder with some difficulty and considerable pain, with a view of removing a judicious amount of urine from the much overdistended bladder. About 500 c.c. were withdrawn, the eye of the catheter showing a cylindrical clot. Hexamethylen tetramin was ordered and a combination of Salol and Santal oil. Owing to the amount of



prostating reaction, catheterization was not repeated until 48 hours had elapsed. The soft rubber catheter met with an insuperable obstruction in the deepest part of the prostatic urethra. Resort was had to a gum-elastic bi-coudee' instrument with alypin and epinephrin solution and copious amounts of gomenol-almond oil (10%), upon the assumption that previous catheterization had produced a trauma. Following the withdrawal of about 1000 c.c., 250 c.c. of a 10% sol. of silvol were injected and left in the bladder. With each catheterization the same difficulty about getting the instrument to enter the bladder was experienced. Some times there was slight bleeding, at other times, none. There was no spontaneous bleeding. The amount of urine withdrawn at each catheterization being increased, at the end of a week the bladder was completely emptied at each seance, always yielding between 2000-2500 c.c. of fluid. This was continued for 18 days when a complicating orchitis caused a suspension. Under continuous compresses of sat. sol. of magnesium sulphate the orchitis practically subsided in three days, and catheterization was resumed. Wassermann-test was found to be negative. From the outset suprapubic drainage was recommended but demurred to by patient's family up to this point. On the 28th day after his first visit, by way of

preparation for a suprapubic cystotomy, his bladder was emptied of 2580 c.c. of very purulent urine. The bladder was irrigated with a 4% sol., of boric acid until the fluid returned clear. After a preliminary injection of morphine-atropine under nitrous oxid-oxygen anesthesia a suprapubic buttonhole incision was made. Digital exploration of the bladder interior revealed a group of calculi, partially encysted, located directly over the internal opening of the urethra. These were removed and consisted of one larger flattened oblate and two smaller angular, irregularly-shaped calculi. The exterior of each was smooth and brownish-black. On one side of the larger one there was a smooth excavated hollow in which one or both of the smaller ones articulated with the larger one and with each other. The articulating surfaces were perfectly smooth and lamellated, being yellowish-white in color. The composition of all three was phosphatic. The largest stone measured 47x28x18 mm., the smaller fragments respectively 16x17x12 mm., and 18x12x10 mm. The total weight of the calculi was 25.38 gmmes.

Drainage and irrigation at frequent intervals were established and maintained until the 9th day following operation when the patient died, having gone slowly but progressively down hill.

As no post-mortem examination was allowed, it was impossible to establish any verification of the total anatomico-pathologic conditions. The reporting of this case seems justified on the following grounds:—

First.—The unusual degree of retention.

Second.—The cause of the retention, and the unsuspected cause of the difficulty in catheterization.

Third.—The absence of the usual symptoms of bladder-calculus.

This latter feature explains the failure to pass a metallic instrument and reason for no X-ray plate having been made. Either of these procedures would certainly have revealed the presence of the calculi. In that event the route of election for their removal would have been the suprapubic one.

By way of final comment, it seems quite remarkable that this patient should have passed through as many professional hands as he certainly did, without the discovery of at least his extreme degree of retention and a further search for its cause.

THE ACTION OF ROENTGEN RAYS ON THE SEXUAL GLANDS AND FUNCTIONS

BY DR. H. E. SCHMIDT, Berlin.

THIS review is intended to sum up what we know about the action of X-rays on the sexual organs and functions. If I do not mention all of the authors who have written on this subject it is not to be understood that I regard their work as in any way less worthy.

In 1903 Albers-Schönberg succeeded in rendering rabbits and guinea pigs sterile by radiating the abdominal region, without, however, diminishing the libido or the potentia coeundi. Histological examination showed grave injury to the epithelial lining of the testicular canals. With a sufficient dose the lining was completely destroyed and sterility induced permanently. (Frieben, Seldin). Buschke and H. E. Schmidt showed in 1905, that not all of the epithelial cells were injured to the same extent. The spermatoblasts were most readily attacked while the supporting tissue (Sertoli's cells) which has no part in the formation of spermatozoa was quite uninjured. The lining of the vas and of the vascular system was not injured. The intermediate cells between the canals showed proliferation when the intensity of the dose was sufficient to destroy the spermatoblasts. It is these intermediate cells which are responsible for the potentia coeundi and this explains why that power remains after the spermatozoa are entirely destroyed. A regeneration of the spermatoblasts is possible both in men and animals, as Simond's investigation showed.

The spermatoblasts are destroyed at a dosage too slight to cause any cutaneous reaction. Phillips showed that sterility in men could be induced by radiation. He radiated the testes of tuberculous patients and produced complete azoospermia and atrophy of the testes six months afterwards without any change in the potentia coeundi.

Albers-Schönberg, Tilden Brown, and Osgood found that physicians working with X-rays were rendered sterile without affecting the libido, even where they were subjected to very light radiation.

The sterility induced may be temporary or permanent, depending on the intensity of the radiation, or the number of exposures.

One physician who had been exposed without any protection developed azoospermia which persisted even after a lead screen had

been installed. This condition lasted eight years. When in addition to the lead screen the tube was also screened, motile spermatozoa slowly reappeared and continued, although the work with the rays was continued, with great precautions however. The potentia coeundi was in no wise affected. This physician has been married five years and while his wife is perfectly healthy the marriage has remained childless in spite of the presence of motile spermatozoa —(H. E. Schmidt).

Regaud and Dubreuil's studies are very interesting. They found that with rabbits, radiation which induced sterility caused an increase in the libido and potentia coeundi. This stimulation is probably connected with the proliferation of the supporting tissue cells above referred to. The same authors showed that spermatozoa which had been slightly radiated but were motile and apparently healthy had lost their power of fertilizing the ovum.

The ovaries are quite as sensitive as the testes, though their location renders them less easily subject to injury. This was first shown by Halberstädtter in 1905. With rabbits the Graafian follicles disappeared first. Stronger radiation destroyed the primitive follicles and eggs. Similar changes in the human ovary were found by Vera Rosen, Faber, Fraenke, and Reifferscheidt. Hemorrhage in the ovary was the rule and regeneration of an injured ovary has not been observed. It could occur only where the radiation had not passed the point of injuring the more mature follicles. The experiments on animals are in complete accord with the clinical observations on men.

It is of course, well known that roentgenologists remain childless. I know one man who was blessed with one child a year up to the time when he began making X-ray tubes, since when there has been no further trouble.

Sterility in women is induced the more easily the nearer they are to the menopause. In one case I noted a renewal of the flow one year after radiation. In another case two years elapsed before the flow returned. These are exceptional cases, since out of a hundred cases but these two showed a renewal. It is, however, obvious that a complete destruction of the ovarian function is not easily produced.

There is great need of data in this matter but they seem difficult to obtain. We wish to know whether those who work with X-rays remain sterile even where motile spermatozoa are present in the semen or menstruation continues. It is quite possible that these radiated spermatozoa have lost their power of fertilization. My efforts to obtain this information by a questionnaire have thus far yielded but very discouraging results.

EDITORIALS

ARE WE A MONOGAMIC NATION?

Prof. Maurice A. Bigelow (*Social Hygiene*, April 1916) says we are. He is sure of it and according to him our "sex education is based on the fundamental proposition that sexual morality demands that physiological union be restricted to monogamic marriage, and conversely, that sexual relation outside of marriage is immoral. Such a definition of sexual morality is accepted by church and state and the chief citizens in every civilized country. It is the only practical definition which is satisfactory to the vast majority of educated American men and women, even by those who believe in freedom of divorce and in forgiveness for youthful transgressions of the accepted moral code. Sexual morality has had changeable standards and in other times and countries custom has made polygamy and promiscuity accepted as moral; but the monogamic ideal of morality now prevails in the world's best life."

Why will sane people make such utterly ridiculous statements? Or is it possible that Mr. Bigelow really knows so little of life, that he believes in the correctness of his statements? His *definition* of sexual morality may be accepted "by church and state and the chief citizens in every civilized country," but is it lived up to? We are theoretically a monogamic nation, but are we so practically? Will you find *ten per cent* of men in any civilized country in the world who can claim to have lived a *strictly monogamic* life? How many men are there who enter the bonds of matrimony without having had any previous sexual experiences? In Europe, they say, one or two per cent would be a liberal figure. In this country, let us say, ten per cent. But most certainly not over ten per cent. And as to married men, it is a well known fact, that the greatest support of the disreputable houses, particularly of the better kind, comes from married men.

The monogamic ideal of morality now prevails in the world's best life." Does it? Has Mr. Bigelow read the recent report of the Baltimore vice commission? And what is true of Baltimore is true of New York, Philadelphia, Chicago, San Francisco, New Orleans, etc. etc., in short, is true, of every city in the Union, large and small. And it is not the "low" classes, the workingmen, or tramps, or degenerates, or criminals, that have been shown to be guilty of a loose sexual life; it is just in what Mr. Bigelow calls "the world's best life," that the looseness is most evident. It is

the people who constitute the pillars of society, the business men, manufacturers, lawyers, physicians, clergymen etc. etc., that were found guilty of trampling upon the monogamic ideal.

And speaking further of the world's best life, we will assume that the author does not mean by it the people with the most money, but the people who do the world's best and most important work. They are the inventors, writers, novelists, poets, sculptors, painters, singers, dramatists, actors, etc., etc.—are they distinguished for their strictly monogamic way of living? In theory we are monogamous, but in practice we are as polygamous, as any nation ever was—only more so; and it is more deplorable because connected with a secrecy and hypocrisy that are sickening.

In face of the fact that at least ninety per cent of all men lead a more or less polygamous life, to assert that the monogamic ideal *prevails* in the world's best life is the acme of absurdity. It indicates an innocence and ignorance of life as it is, that would well become a boy in the first year of kindergarten. They are entirely out of place in a professor of biology and in a director in a teacher's college.

Facts may be unpleasant, unpalatable, but we are not justified, for that reason, in blinking them or, what is worse, in distorting them.

SEX AND THE INTERNAL SECRETIONS

We no longer say that masculinity depends upon the testes and femininity upon the ovaries. No, a man is a man on account of his testes plus all his other organs of internal secretion; and a woman is a woman because of her ovaries plus her other organs of internal secretion.

It used to be thought that the uterus is the most important feminine organ; then it was seen that the ovary was more important; but now we know that all the internal secretions are important, and are necessary to make up Woman. These changes in opinions are expressed by the changes in the following three aphorisms:

1. *Propter solum uterum mulier est quod est* (Van Helmont). On account of the uterus alone Woman is what she is.

2. *Propter ovarium solum mulier est quod est* (Chéreau). On account of the ovary alone Woman is what she is.

3. *Propter secretiones internas totas mulier est quod est* (Blair Bell). On account of all the internal secretions Woman is what she is.

ABSTRACTS

TRANSPLANTATION OF TESTES AND OVARIES

When the history of Transplantation of Sex Glands comes to be written a prominent and honored place will have to be accorded to Dr. G. Frank Lydston. He has been doing some very excellent original work in this direction. In an article in the *Journal of the American Medical Association* (May 13, 1916) he reports some additional cases and of those cases we will abstract the most important and the most interesting one.

A man aged 29, sustained an injury to his testes while playing football, twelve years before he consulted the author in July, 1915. His right testicle was enormously swollen (probably hematocoele) and very painful. When the swelling subsided, the gland had entirely disappeared. The remaining testicle atrophied to a moderate degree. Virility was unimpaired, and the patient married three years later. No children were born of the union. In May 1915 the patient, without preceding trauma or known infection, suddenly developed pain in the left ileo-lumbar region, left spermatic cord, and the remaining testicle. The testicle did not swell, but, the patient stated, the veins above it were swollen. At the end of three weeks the testicle had completely atrophied.

On examination, the author found a healthy-looking subject, over-fat, with moderately feminine secondary sex characteristics. The beard was almost negligible; the mammae moderately large, and the pelvis distinctly broader than the normal masculine type. The patient stated that his physique had shown these peculiarities increasingly since his injury, twelve years before, but that his sexual power had been "satisfactory" until after the loss of the second testicle. During all these years he had not been physically as fit as before, and for about a year he had with difficulty met the physical and mental exigencies of his business, this lack of efficiency having rapidly increased since the loss of the remaining testicle. Since the loss of the second testicle there had been complete impotence. Examination showed scarcely a vestige of tissue at the end of the spermatic cords—nothing, indeed, that could be accepted as

even a remnant of gland tissue. The penis was of only moderate development, with a long prepuce, but otherwise normal.

On Aug. 1, 1915, Dr. Lydston implanted on this patient both testes taken from a boy of 14, dead of a crushing injury. The subject was just approaching puberty, and not well developed. The testes were removed six hours after death, and kept on ice in sterile salt solution until the operation, thirty-nine hours after the boy's death. The implantation was made in the scrotal sac on each side, at the normal site of the testes. The glands were implanted entire, the epididymes not being removed. Healing was prompt; there was only 1 degree of transient febrile reaction, and very slight inflammatory swelling about the implanted glands. Five days after the implantation the author performed a circumcision. The patient returned home in two weeks. Vigorous and painful erections occurred after the eighth day, and required an ice bag. Successful coitus was practiced three weeks after dismissal from the hospital. At present, seven months after operation, the patient reports that he is perfectly normal, is taking active gymnastic exercise, and has lost nearly 20 pounds of his flabby fat. Erections are vigorous and more frequent than in the average normal subject of similar age. The patient lays special stress on his mental and physical fitness for business. The implanted testes have atrophied only moderately, and are of relatively fair size and fairly normal consistency. The epididymes are plainly distinguishable. As Dr. William T. Belfield, who examined the case and questioned the patient remarked, "The testes, while small, are as well developed and apparently as normal as in many perfectly virile men who come under our observation."

For a while after the implantation, the patient experienced normal orgasms without emission. He stated to Dr. Belfield and Dr. Lydston that after a few weeks he began to have emissions of a considerable amount of fluid, and that these emissions were almost constant. The emitted fluid, while it has not been examined, of course is not testicular secretion—no anastomosis having been done—but comes from the urethra, Cowper's glands, the prostate, and the seminal vesicles. In brief, it probably is composed of all the usual normal elements of the normal semen, save the testicular secretion, of which the spermatozoa are the important element.

For some weeks after the implantation the patient complained of "frightful nervousness." As he described them, his symptoms

were not unlike those produced by strychnine and similar spinal excitants. The "nervous" symptoms finally disappeared. The author attributed the symptoms—and I think rightly—to the unwonted dose of hormone supplied by the implanted testes, to which the nervous system gradually became accustomed.

The subject of sex glands transplantation is an intensely interesting one, and while still in its infancy, further research promises to yield results of the highest importance from therapeutic, physiologic, and psychic standpoints.

SELF AMPUTATION OF MALE SEXUAL ORGANS

Dr. Alexander Peacock, of Seattle, Wash., reports the following interesting case (*Ur. and Cut. Review*):

Henry M., was admitted to the Seattle City Hospital on March 23, 1915. He gave his age as 57 years, his occupation as a logger and his social condition as single. Height 5 feet 9 inches, weight 120 pounds. Nothing interesting was gleaned from his family history. His medical history embraced only small pox.

For the past three months, he had been drinking excessively. He was addicted to masturbation, which habit he could not control. He was also greatly troubled with a urethral stricture of the penile portion. Therefore thinking to cure his various ailments, he grasped his razor and cut off both the testicles and his penis close to the body; then, thinking he has mortally wounded himself and hoping to hasten his end, he drew his razor several times across the left wrist. He failed to die of hemorrhage, for thirty hours later he was found and removed to the hospital.

His condition was one of shock. There were two transverse cuts across the left forearm, in the lower third, with cut tendons dangling from the wound. The pubes showed the penis, scrotum and testicles missing, there was just a raw surface.

He was given 800 c.c. of salt solution intravenously, the bleeding points of the wrist were tied, the tendons sutured, gutta percha drains inserted and wet dressing applied. The genital operation required no flaps or trimming, the cut urethra was stitched to the skin and the two edges of the skin wound were drawn together in the median line with interrupted silk-worm gut. Being in poor condition when returned to his bed, he was given a hypodermoclysis. Except for sloughing of the tendons of the wrist, he made an uneventful recovery.

Outside of being somewhat uncommunicative, his mentality is apparently normal. At present he seems cheerful and contented, and in talking of his act said, "well it cured my stricture and I am through with it anyway."

THE SINGLE STANDARD

Judge Dooling of San Francisco, in a case which recently came before the Federal Court involving the deportation of a young woman of immoral character, said (*Social Hygiene*, April): —In passing upon this phase of the case it may be well to note at the outset that as to the lapses from virtue, not amounting to prostitution, the petitioner stands in exactly the same position before the court as would a man who was similarly charged. If an unmarried man guilty of like offenses against moral law could not be excluded because of such offenses then this woman cannot be excluded because of them. If an unmarried man could not be held under the circumstances to have committed "a misdemeanor involving moral turpitude," then neither can this woman be held to have committed such misdemeanors. For the law makes no distinction here between the man and the woman, but applies to both equally, though such sexual lapses are ordinarily condoned on the part of the former and condemned on the part of the latter. Petitioner may not be excluded on this ground unless her paramour, if an alien, could be excluded under the same circumstances.—Good for the Judge. Some judges do have some common sense.

Coincidently with the training of the needed inhibitory mechanism based on timely knowledge and the habit of self-control, there must be a reasonable certainty in the life of the average man and woman that self-restraint will be rewarded in due time by normal sexual function. *No such assurance exists today.* In its place large masses of men and women equipped with a clean basic instinct are thrown back, in the face of moral prohibitions, upon a prospect in which honorable sexual gratification in decent marriage is made an unattainable luxury within the individual's reproductive prime. The offering of so unsocial and unbiological a moral ideal as a virtual alternative to destructive diseases simply invites the quick degeneration of the race.—JOHN A. STOKES, M. D., in *Social Hygiene*.

Book Notices

The Sex Complex. A study of the relationships of the internal secretions to the female characteristics and functions in health and disease. By W. Blair Bell B. S., M. D., Lond. Professor Royal College of Surgeons, England, etc. William Wood and Company, New York, 1916. \$4.00.

We state unequivocally that this is the most important book on the subject indicated in the subtitle. The author was the first to attempt to demonstrate that our reproductive functions are directed and controlled not by the genital glands alone but all the organs of internal secretion acting in unison, and his book abounds, on every page, in facts which are as important as they are fascinating. No student of scientific sexology can afford to miss this solid important addition to our literature.

Sexual Impotence. By V. G. Vecki, M. D. Fifth Edition, W. B. Saunders Co., \$2.25.

Dr. Vecki was a pioneer in the scientific treatment of impotence in men; he is also one of the few brave physicians who is not afraid to declare that the non-use of the sexual organs is almost as bad as their abuse; and he was among the first to advocate the use of venereal prophylactics. The reader may therefore be sure to find in his book on sexual impotence (the 5th edition is now before us) a valuable and unbiased presentation of the subject.

The Endocrine Organs. An Introduction to the Study of Internal Secretion. By Sir Edward A. Schäfer, LL. D., D. Sc., M. D., F. R. S. Professor of Physiology in Edinburgh University. With numerous illustrations. Longmans, Green, and Co., New York. 1916. pp. 156. \$3.50 net.

Nobody now questions the tremendous importance of the endocrine organs to the body and the psyche of the individual. We know now that man is man not on account of his testes only, but on account of his testes plus his internal secretions. And woman is woman not on account of her ovaries, but on account of her ovaries plus all the internal secretions.

Prof. Schäfer is a pioneer in the study of the ductless glands and their secretions, and nobody who wishes first hand knowledge, avoiding the fanciful and the hypothetical, can neglect Prof. Schäfer's work. All the internal glands are considered: the thyroid and the parathyroids, the thymus, the suprarenals, the pituitary, the pineal gland; but to our readers the last three chapters dealing with the internal secretions of the generative organs in the male and in the female will be of particular interest.

Psychology of the Unconscious. A Study of the Transformations and Symbolisms of the Libido. By C. G. Jung. Authorized translation, with introduction by Beatrice M. Hinkle, M. D. Moffat, Yard and Company, New York. pp. 566. 1916. \$4.00 net.

This is a translation of Jung's well-known *Wandlungen und Symbole der Libido*, which title is here given as a sub-title. Some people would object to the title, "The Psychology of the Unconscious," as it gives a wrong idea of the contents. To review the book adequately would mean to write an analysis of the entire philosophy of Freud and Jung. This cannot be the object of a book notice. The publishers tell us that: "This remarkable book does for psychology what the theory of evolution did for biology; and promises an equally profound change in the thought of mankind. It shows how man, through deeper self consciousness, is destined to become in truth the shaper and creator of his own destiny. It is one of the most important books of the century." Such statements will only be swallowed whole by the quasi-scientific, and the semi-cultured radical layman; in the judicious they will excite a smile. In our opinion the book contains some valuable crystals of truth buried in a muddy morass of medieval mysticism and modern metaphysics. Some of the reasoning in Dr. Jung's book would do credit to the ancient cabalists.

The book has been well translated by Dr. Beatrice M. Hinkle and Miss Helen I. Brayton, and we consider Dr. Hinkle's forty page introduction the most valuable part of the book. For its conciseness and clearness it is altogether admirable.

Twelve Lecturers on the Modern Treatment of Gonorrhœa in the Male. By Dr. P. Asch (Strassburg). Translated and annotated by Faxton E. Gardner, M. D. Lecturer and Assistant Visiting Genito-Urinary Surgeon, New York Polyclinic. Illustrated. Rebman Company, New York, pp. 104. \$1.00 net.

We reviewed this book when it appeared in the original German. This is a very good translation and it will be read by the general practitioner with profit and interest.

The Next Generation. By Frederick A. Rhodes, M. D., Boston. Richard D. Badger. \$1.50.

Another volume in the flood of books intended to solve social and sexual problems. It does not contain an original thought or suggestion, and it has not the slightest *raison d'être*.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

JULY, 1916.

No. 7.

IS IT REALLY IMPOSSIBLE TO MAKE PROSTITUTION HARMLESS AS FAR AS INFECTION IS CONCERNED?

By PROF. A. NEISSEr, Breslau, Germany.

NOT only my opponents but even my friends will reprimand me as a hopeless optimist when I reply to the above question that I regard it as wholly possible, even though we may not absolutely make all prostitutes free from danger, at least to diminish their infectiveness to such an extent that the infection of men will be much reduced; this in turn will naturally have a favorable reaction on the spread of venereal disease among women.

I shall maintain this optimistic outlook until the error of my ways is shown me by seriously undertaken investigations—and such have not been made as yet. And I shall not cease to raise my voice for the reform of the supervision of prostitution, feeling as I do that not only is the widest kind of supervision justified but that such supervision should be subjected to drastic reform.

I shall not here enter into a discussion of the many moot points in connection with the control of venereal disease but shall take up the subject from the point of view that in addition to the necessity of carrying the warfare against the men concerned in the problem we must direct our energies against prostitution in

Translated for the American Journal of Urology and Sexology from the Deutsche Medizinische Wochenschrift No. 41, 1915.

EDITORIAL NOTE—Prof. Neisser is not a lightheaded reformer or an overzealous radical and whatever the discoverer of the gonococcus has to say is worth listening to. We are certainly pleased to see that among other things he advises instructing the prostitutes in the use of venereal prophylactics, as a measure of great importance in the battle against venereal disease. This is a measure which we have been advocating for years, and this advocacy drew upon our head the anathemas of the clerical and of the ultra good members of our own profession. W. J. R.

the very widest sense of the word. Now what shall we understand by "prostitution in the very widest sense?"

By this term we must understand not only the relatively small number of prostitutes whom the police now register and control by virtue of the present administrative regulations but also the infinitely larger number of young girls and women who do not follow the trade of prostitution as a profession and the only obvious means of livelihood, but who through their absolutely unselected, constantly changing and frequent sexual intercourse are much more dangerous than real professional prostitutes. As has been mentioned in the case of this host of "private" prostitutes—and most "loose relations" involve this class—sexual relations do not form the only source of income; they are carried as a sort of side line. These women indulge for pleasure and for "love," circumstances which, however, from the hygienic point of view, in no wise change the dangerous character of these women. For the sanitary mischief depends entirely on the frequency of promiscuous intercourse to which these women are parties, and not on the price.

In the face of such complications can one hope for the sanitation of this gigantic type of prostitution fed by shop girls, saleswomen, maids, etc? I believe it possible to effect an improvement in the present status if an earnest attempt were made to bring as many as possible of the girls belonging to these classes under medical observation and treatment, and if this were accomplished through education and persuasion rather than by force. Especially should this compulsory treatment and supervision be free from the feature of registration and its associated aspects which tend to degrade and deprave the girls, unless in individual cases, after thorough investigation such measures should prove absolutely necessary.

Unfortunately it is hard for the police to control these women. The law allows them to proceed against "persons who practice professional prostitution." But since these "private" women who constitute the greatest danger for the spread of venereal diseases cannot easily be proven to come under the legal head of practicing prostitution, the police must stand by powerless.

And yet when one really wishes to arrive at something, compulsion cannot be done away with. For anyone who has had to deal with these people in the capacity of physician, official, police assistant, or probation officer, knows that without far-reaching compulsion only an exceptional case will reform, or what concerns us

more nearly, undergo a real thorough course of treatment. In most cases treatment will be avoided by these women because of stupidity, ignorance, frivolity, indifference, convenience, etc.

An important factor which deters many of these girls from being treated even when they are aware that they are diseased, is the fear of a forcible internship in a hospital. Accordingly, we must strive to eliminate hospital treatment as much as possible and to carry out the treatment just as far as it is at all conceivable on the ambulatory plan. I am familiar with all the objections that can be raised against ambulatory treatment, and I admit without reserve that if it were possible to treat all patients in hospitals the hygienic result would be infinitely better than that obtained from ambulatory treatment. There is however no reason to suppose that since at present only a small number of the diseased girls can be subjected to such a hospital treatment, a much better general average of cures can be obtained if we were to try to increase the total number of those who can be subjected to treatment in general.

I therefore make the following suggestions:

1. One or more dispensaries, clinics, or relief stations—I prefer the latter name—depending on the size of the city, should be established “for girls and women suffering from female or venereal diseases.” I would not recommend the wording “for venereal diseases” alone.

2. As physicians, only trained specialists—men and women—should be engaged. They should be assisted by as many trained nurses as may be required. These physicians should be paid so well that they should be able to give up several hours in the morning as well as in the afternoon, and what is more important during the evening. They should be willing when necessary to give up their private practice in order to help and treat the women entrusted to them. The evening hours are important in order that the patients may come for consultation without interfering with their work.

3. In addition to those who come for treatment of their own free will, there should also be accepted individuals who have come under police notice but who have not yet been registered; individuals, therefore, who for the present should be subject to compulsory treatment only.

4. I also wish to have control over the registered women according to a scheme of treatment in relief stations which I shall

speak of later. But I wish to reserve the polyclinics spoken of heretofore for those who seek treatment voluntarily and for those who are not yet registered.

5. The clinics ought to keep records of cases in which the names and diagnoses may be entered coordinately so that in case the patient wished to change her doctor—there should be regulations against a too frequent change—provision would be made for a uniform method of observation and treatment. Naturally hospital treatment should remain in vogue wherever it is required for medical or personal reasons. On the other hand, whenever possible it should be replaced or supplemented by ambulatory treatment.

6. The female police and relief station nurses should cooperate both to support the physicians in their efforts to institute regular treatment by looking up the absentees among the patients, and also to aid the women in a social way with their advice and services.

I expect that the salvation army will be of real service in the effort to warn the more thoughtless girls, ignorant of the trend of their ways, and to save them from sinking into vagabondage and prostitution. The efforts of this institution should be supported by public means much more freely than has been the case in the past. I would not however leave out the "morals police" entirely; I would merely limit its activity and keep it as a last resource.

In the future as heretofore the new female morals police should accost the girls who walk the streets with the sole object of enticing men, should attempt to get their names, should warn them, and finally, if necessary in exceptional cases, should arrest them. Indeed this should be done much more often than heretofore. And it all can be done, since, as explained above, the new procedure will avoid those features which have formerly hurt the social standing of the poor creatures who so often follow their thoughtless inclinations.

Especially would I regard it as a great step in advance if these persons would not be arrested and detained until the next day in the police courts. Following the example of the American night police courts, could not these girls appear at night before a high police official who would hear them, warn them, and find them some asylum so that only the really wicked and repeated offenders would remain in the hands of the police?

I do not belong to those who look to official regulation as the entire solution of the problem. To be sure the authority of the police must be regulated by fundamental laws. However, as far as the practical treatment of given individuals engaged in prostitution is concerned, the police must be given free play in order to be able to individualize. Naturally high-handed procedures on the part of officials may arise, but preventive measures can be easily devised to overcome these.

I am still, as I have been, a supporter of "preventive control," only this control should have more of a medical character, and be combined with medical treatment and should omit as much as possible the feature of registration with the resultant injury to the social standing of the person affected. Must it always be brought up against a girl that she was at one time "registered," even if she lives henceforth a perfectly unobjectionable and orderly life?

In addition to these coercive measures there must be a much more extensive plan of instruction and explanation for these young women who are henceforth put on their own feet and have to shape their course and make their living for the most part without parental influence or other protection. The great majority of these persons have naturally no idea of the injurious results of sexual intercourse, no notion of the threatening misery of prostitution, at most an indefinite fear of pregnancy. In my opinion the lodges and trade-unions could offer good assistance in this connection by organizing their women members through talks and written articles.

Obviously, I desire to have the entire system as mild and free as is at all possible. Coercion should be directed only through the form of physicians' orders and police supervision should be limited only to those who, despite all instruction, warning, and advice persist in the practice of prostitution. But even the latter group should be separated into those who promptly and willingly follow medical advice and those who resist it. Furthermore, it is of importance to separate from this group of out and out prostitutes, by means of sanitarium treatment or in some similar fashion, the following groups:

1. Those very young girls who are following prostitution as a recent venture and who offer hope of being brought up to be orderly citizens. Here I again repeat that their sojourn in the asylums or similar institutions should not be made to appear to them as penal servitude, as is at present generally the case. Es-

pecially does it seem that a too strict "church" or "holy" atmosphere is out of place. All these institutions should be conducted in a more cheerful tone and should be linked with educational and vocational departments. If for any reason an asylum cannot be provided for these young girls, or when there is a lone interval between the hospital treatment and the institution of further educational or vocational care, some special provision must be made for these recruits from prostitution. I regard it as wrong to omit supervision with control of these minors, as is now the case. These young people, when they become prostitutes, are the most dangerous of all. It is among their number that the contagious forms of the venereal diseases are most widespread, and as the prettiest and youngest of the prostitute class they are most sought after by the men.

2. Those who are mentally defective or actually mentally diseased, and those who because of their psychic constitution constitute the so-called a- or anti-social elements, are entitled to permanent protection. In fact all women, who despite every warning, persist in practicing prostitution should be subjected to thorough psychiatric observation and treatment.

In what way then can the venereal danger arising from all these prostitutes be overcome by ambulatory treatment?

1. As far as chancroids (*ulcera mollia*) are concerned, almost all such cases can be discovered by careful examination. If the examination of all registered persons was to take place twice a week hardly a single chancroid, the incubation period of which lasts three days on an average, could escape detection.

Every soft chancre, as soon as discovered, should be carefully wiped with pure carbolic acid and dressed with a small cotton pledget covered with 10% protargol-petrolatum. Iodoform, though a valuable specific, cannot be used because its odor is not readily disguised. Twenty-four hours later another examination should be made when the physician must decide from the results of the cauterization whether ambulatory treatment will suffice or whether hospital care must be instituted. If the latter step is unnecessary, daily inspection and treatment should be carried out with a repetition of the carbolic acid treatment if necessary. In addition the patient is instructed always to smear the vaginal introitus freely with pure petrolatum. Naturally I count on the probability of the girl's carrying on sexual intercourse, and believe

that this procedure will not only protect the man, who visits her, from infection but will also prevent the transportation of the ulcera in the neighborhood of the original lesion as far as the woman herself is concerned. Ofttimes the pain due to the ulcers or beginning bubos will lead the girls to refrain from intercourse voluntarily or to seek hospital treatment of their own accord.

2. As regards gonorrhea, I believe definitely that free smearing of the introitus with petrolatum and similar treatment of the urethral aperture must needs offer definite protection against infection. At any rate prevention of fornical and uterine gonorrhea will be possible by means of a vaginal tampon, soaked in fat or smeared with petrolatum placed in front of the cervix. The latter will also protect the men from infection out of the uterus. There is also the theoretical possibility of discharging such prostitutes earlier from the hospital—cases which would otherwise have to remain for months on account of a cervical or uterine gonorrhea—without having them do damage to the community.

The question can even be brought up as to whether all those affected with urethral gonorrhea needs must be subjected to hospital treatment or at least whether they could not be discharged much sooner than is the case at present.

All reasonably sensible persons who take daily injections and who present themselves for daily treatment can be made practically harmless. This is important because one can never feel certain that they will restrain from sexual intercourse. The treatment I suggest consists in the introduction of a urethral suppository containing 10 to 20% protargol and composed as follows:

R Protargol	10-20%
Amyli	30.0
Tragacanthae	4.0
Pulv. acaciae	20.0*

Such suppositories to be introduced once or better twice daily. The parts are then covered with cotton so that the melting mass may remain in the urethra as long as possible. Many girls can learn to introduce the suppositories by themselves.

There can be no doubt as to the therapeutic efficiency of suppository treatment. To be sure one can not always succeed in

* It is not of course to be assumed that those quantities are for one suppository. Those are the proportions for forming the suppository mass; and of this mass suppositories are to be formed weighing 0.5 to 0.8 (8 to 12 grains). W. J. R.

killing all the gonococci quickly or at once. As far as the prostitutes in question are concerned, however, the end is achieved that the degree of contagion is diminished, often as well as completely eliminated. Moreover by continuous treatment over a long period complete cure is possible. Now if the prostitutes were to carry out this simple and painless suppository treatment daily—their own mistresses can do it for them—they can certainly do without hospital treatment, and what is more important for our purposes, they can be made much less infectious or absolutely non-infectious. Irritation of the mucosa, or other manifestations which might interfere with their vocation are not accompaniments of these procedures.

As a result, whether through education or persuasion, or even through force, the girls will become accustomed to this new form of "control." As soon as they observe that by this means they are sent less often to the hospital and that their stay when in the hospital is shorter, they will quickly fall in with this plan of treatment.

The simplest measures are those directed against the danger of syphilitic infection from the prostitutes. As far as protecting the woman herself from infection is concerned, it is sufficient to smear the mucosa and vaginal region with petrolatum. Although I believe that the protection is due to the mechanical nature of the fatty layer, it is quite possible that a disinfecting influence may be exercised by chemicals added to or present in the salve. As is well known Metchnikoff employed a 33% calomel salve for this purpose. I believe however that the salve brought out by Siebert after extensive prophylaxis experiments and containing an aqueous bichloride solution, is more powerful.* However no one familiar with prostitution will rely on the continued use of these preventive measures by individuals. One will always have to reckon with new syphilitic infections or with infectious recidives. On the other hand, as I have often claimed in this connection, I believe that this danger can be absolutely overcome by the prophylactic use of salvarsan or arsenophenylglycin treatment.

Even though we know that latent syphilites, i. e. those free from manifest symptoms, are not absolutely free from danger and

* The Siebert-Neisser ointment has the following composition: Mercuric chloride 0.3, sodium chloride 1.0, tragacanth 2.0, starch 4.0, gelatin 0.7, alcohol 25.0, glycerin 17.0, water to make 100.0. I find it is difficult or impossible to prepare this salve extemporaneously of a satisfactory consistency. W. J. R.

that infections may also arise from them, it follows nevertheless that they are incomparably less dangerous than those with manifest symptoms. Moreover it is just as obvious that by means of appropriate treatment with arsenicals they can be rapidly made symptom-free and kept so for a long time.

I believe however that it is not only those prostitutes whose syphilis is established who should be so treated, but that all those who follow the trade of prostitution and indiscriminate sexual intercourse should be subjected to such treatment. By this means such persons will have a new infection nipped in the bud and any existing but overlooked syphilis will be rendered harmless or even entirely cured.

If one does not wish to go as far as this at least measures should be taken to have a Wassermann reaction performed once or twice a year on every prostitute whose syphilis is not definitely established and suggest treatment to her. This treatment should consist of three courses a year, each course consisting of four to five injections. If salvarsan is chosen, the intravenous method is the only one to be considered for it is the only procedure to which the prostitutes will submit. Unless they are very skillfully carried out both the aqueous salvarsan injections as well as the "Joha" (Schindler) method often cause pain, and as is well known, at times even marked infiltrations and severe necroses.

However, intravenous injections are not always easy to make. As soon as some of the solution misses the vein very troublesome indurations occur. Now and then, also, some blood escapes from the vein and striking and persistent discolorations occur which frighten the prostitutes and which they regard as damaging to their trade, so that for this reason they will not undergo treatment voluntarily. Instead of salvarsan, however, one can choose Ehrlich's arsenophenylglycin (418). This also has a wonderful specific action on the spirochetes of syphilis and has also a preventive and abortive influence. It has the following advantages over salvarsan in this connection:

Aqueous solutions, especially with the addition of 1% novocain, when injected intragluteally, are absolutely painless and do not cause the slightest infiltrations. In a series of more than one thousand injections I have not seen a local disturbance in a single instance. When properly employed, the preparation is splendidly borne.

A course of treatment generally consists of five injections. For the first injection 0.2 to 0.3 gm. is given according to the patient's constitution, for subsequent treatments 0.4 to 0.5 at each dose. The injections are given once weekly, intragluteally. The yellow powder, which is put up in air-tight ampoules (like neo-salvarsan) is dissolved so that 0.1 gm. corresponds to 1 cc. of 1% novocain solution. It is of importance, as with neosalvarsan, that the solution be prepared at once after the ampoule is opened and that no time be lost in its injection. Long exposure to the air must be absolutely avoided as very poisonous arsenic compounds may result from oxidation.

I shall not enter here into the question of the danger of salvarsan or arsenophenylglycin treatment. I believe that it is settled once for all for the great majority of all physicians that a well conducted course of salvarsan treatment in the hands of an experienced person is no more dangerous than treatment with any other really active medicament. This feature of safety must be brought out here so much the more forcibly since I ask that prostitutes whose disease is not yet or no longer definitely established, should be taken for treatment. I could assume the brutal standpoint that where we are striving for the increased welfare of thousands, it should not stand in our way that an individual may be harmed. However I am so convinced that the danger from a good course of salvarsan or arsenophenylglycin is so negligible that I unhesitatingly recommend it for the hygienic regulations I have in mind.

Much more difficult, it seems to me, is it to decide the medico-legal question: ought a prostitute, particularly when the syphilitic infection is not yet established, be treated by force? I shall not, here, discuss this question; indeed I am unable to answer it. I am however of the firm conviction that in the case of the majority of the individuals in question, compulsion will not be necessary as soon as it will be seen—in the course of a few months—that by means of this ambulatory treatment they will be much less restricted in their freedom and much less frequently interned in the hospital, than was heretofore the case. Here, in Breslau, we have already had the opportunity to make such observations. Through the friendly persuasion of the station-physicians many public prostitutes have presented themselves from time to time voluntarily in order to go through a mercury cure. How much brighter is the outlook for such voluntary submission to treatment when the latter

consists of an infinitely more convenient, less painful and less frequently administered salvarsan or arsenophenylglycin treatment!

There is in my opinion no financial burden connected with the execution of my project as far as the city or state is concerned. I have not the slightest doubt that as a result of this ambulatory and preventive treatment so much money will be saved to the community, the lodges, and the accident societies from the treatment of the sick girls and the men infected by them, that the appropriation which I suggest for prophylaxis will be very much less than that which is now necessary to make good the damage already inflicted.

An important development of my suggestions would be to have each girl coming for treatment given a card. Unlike the case with previous similar suggestions this card should not be an evidence of good health but should merely indicate that the girl is under regular medical supervision. Even if, as may be gathered from the above discussion, every such person, despite the fact that she is under medical treatment, may not be entirely well, nevertheless the chance of a man's finding a relatively non-infectious woman in this group are infinitely greater than would be the case if he picked up a girl who was not under medical supervision and who could not show a properly filled out card of identification.

The chief advantage of the adoption of my suggestions would lie in the fact that a much larger circle of the female population would be subjected to medical observation and treatment. Furthermore, despite all the coercive measures which I should like to have introduced for the carrying out of medical treatment there will be a much smaller number of real prostitutes who will have to be selected out of the total number of women engaged in free sexual intercourse, for the purpose of "registration."

The complete adoption of my suggestions will not come about quickly. However in any opinion the "relief stations" could be established soon, ambulatory treatment might also be instituted, and identification cards might be distributed to the registered women at an early date. A permit from the minister of the interior and an understanding with the municipal authorities of the cities where the plan would be commenced would be the only requisites.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEX ON THE STAGE

With Especial Reference to its Influence on the Adolescent Mind.

BY ARTHUR SWAN.

ONE of the chorus-girls in a so-called burlesque show, whose frock, pectorally, was cut lower even than good-form ordains, was rendering a vocal duet with the leading buffoon. The song was doubly dull: verbally and musically, it was a sorry fiasco. Yet it proved the 'hit' of the evening. The man was standing as close as possible to his partner and casting his eyes salaciously into her bodice. The lusty approval of the boys in the gallery was scarcely more deafening than the applause of the 'gents' in the orchestra. The 'rag' had to be repeated again and again.

A chorus-girl of another burlesque troupe had an exceptionally wide expanse of back open to view; perhaps that was her 'specialty.' The time arrived for her apparently impromptu scene with the sportive star of the company. On this occasion, the girl for some cause repelling his advances, the clown took the skin of her back between the fingers of one hand and thus drew her to him. I was sitting to one side of the house, in about the tenth row, and I could see the red mark left on her back. The girl shuddered a little, but repelled no more.

Any effects such existence may have upon the performers themselves will not be considered in this paper; it is perhaps sufficient now to reflect upon the influence on the adolescent mind of witnessing, amid approbation, a scene like the one just described.

THE BURLESQUE SHOW

On a Saturday afternoon I went to a burlesque house set among schools, churches, and new apartment-buildings. I bought a gallery ticket for ten cents. The star of this show was a 'Princess' who performed, in full spot-light, the quasi-oriental *danse du ventre*. "The 'oriental' dancing," says Hirn, in his *Origins of Art*, "such as is performed in the barbaric Negro states and in the Mohammedan communities of Northern Africa, as well as in Persia, Turkey, China and Japan, is mainly a gross pantomime of physical love executed by a woman to the delight of her male spectators. In most of these cases, the dancers are outcast women, who are paid with money for their performance."

There were numerous boys in kneebreeches about me, and workmen and loafers, most of them smoking bad tobacco; the air was almost unbreathable. Before me was sitting a gaunt man, gray in the head, wrinkled, blear-eyed, and with worn, dirty clothes. He studied the pantomime through a pair of field-glasses. When it finally was over, bringing the performance to its close, he rushed out, looking neither to right nor left.

In the balcony, below me, sat a stolid working-man with a lad about eight. Did the weird cacophony of the 'orientals,' accompanying the Princess on the stage, and the rather unconventional, voluptuous lack of apparel and the meretricious movements of the dancer make no impression on the immature brain? Would the boy, over night, forget it all? "The best censorship," the late Harry Thurston Peck once remarked, "is that of the father and the mother. It is not the mature person who is injured by anything that is acted on the stage or printed in the book; but it is the young boy and the young girl whom our careless, easy-going American traditions allow to go almost anywhere and to read and see almost anything."*

In Paris and Berlin, as is notorious, the music-hall and the prostitute traffic practically hand in hand—the *revue* and the drinking-saloon serving, baldly, as appetizers, with the foyer and promenade as rendezvous.** American burlesque, which in its way is a counterpart of the Continental music-hall show, asks nothing of press, or pulpit, or police. It is true that the police were forced to revoke the licenses of two burlesque houses in New York for a time last November, but this is exceptional; and the censored troupes continued their tours. The clergymen that inveigh against the stage are not discriminative; if they castigate a vaudeville, they are as like to throw in Strindberg in the same diatribe.

THE PRESS

As is now widely known, the Shubert brothers, producers of the Winter Garden shows, recently were upheld in their interdiction of a newspaper reporter from theaters managed by them, because he had commented adversely upon one of their productions.

* Those who would excuse anything on the American stage because the same thing, or worse, is permitted in Paris are advised to peruse the first part of M. Rolland's "Jean-Christophe in Paris."

** At one particularly successful burlesque, the comedian-manager remarked to the "boys in front," pointing his fat thumb toward the stage-door, that they could have their 'pick' of his girls, who were then about to bring down the final curtain by posing in fleshings, so long as they promised to return them for the next matinée.

This is in New York. In smaller cities, the papers generally do not bother about theatrical reviewing at all. The press-agent furnishes them with more stuff than they can use, and in advance, too. Following is the opening of such an 'advance review,' which appeared not long ago in an "independent newspaper," so self-designated, published in a progressive city of some sixty-odd thousand population in one of the Central States. The article was printed at the top of the second column, opposite the editorial page, under the caption "Amusements," with no word or type to indicate that it was an advertisement.

"Bare legged chorus girls will perform on a runaway over the heads of the audience as the leading attraction at the Orpheum theater the last three days of the week. Sweet faced girls with scanty costumes sing and dance. Some of the newspaper writers have commented at length upon the bare legs and daring costumes of the girls, but all agree that Mr. P—— is only showing vaudeville what is accepted in musical comedy circles where the admission prices run as high as \$2.00."*

Of recent years burlesque has grown suddenly ambitious; tenderloin haunts have largely been abandoned; new large theaters have been built or acquired; a bid has been made even for the patronage of 'ladies.' It is with a twinge a theater-lover records that this season two 'legitimate' playhouses of honored pasts, Daly's** and the Garrick, have been turned unceremoniously to the perverted uses of burlesque. Far better, he cannot help feel, had the proud structures been razed, like Wallack's.

The 'jokes' of burlesque shows turn chiefly on marital infidelity, prostitution in its alluring aspect, alcoholism, profanity; and their ribaldry, of course, cannot be printed. Every week, in Omaha, as in Boston, there's a 'new show,' made up of the same 'old reliable' ingredients; and two performances are given daily.

It is not equitable, however, to limit these strictures to burlesque. Vaudeville and musical comedy differ from it in degree only, and sometimes not even thus; it is, in fact, an arbitrary admixture of both in their lowest forms. To draw rigid distinctions, moreover, in a study such as this, between the elastic designations, musical comedy, *revue*, burlesque and vaudeville, is palpably impossible. Nor must it be hastily deduced, although the success of the

* The Sioux City Tribune, 22 March 1916.

** Closed in April by the police.

majority of the shows avowedly rests upon the strength of their lubricity, that all burlesque is vicious.

VAUDEVILLE

The unvarying stupidity of the variety hall is regrettable; but it is even more to be deprecated that a sensitive man cannot take his mother or daughter to a vaudeville show—however ‘refined’ and ‘advanced’ it may have been advertised—without at one time or another, whether from its libidinosity of act, word, or costume, bringing the flush of modesty to her cheek. And no less is this circumstance a pity on account of the children, who delight, naturally, in the feats and antics of the necromancers and acrobats and clowns. There comes to mind with distasteful insistence a licentious ‘rag’ entitled “My Harem” the pantomomic rendering of which by both male and female ‘artists’ was common in vaudeville two or three years ago. Later, of course, it was taken up by the mechanical pianos and by the little children playing in the streets.

A season ago, in the music-halls throughout the land, a variety performer was presenting an exhibition by herself and a few ‘classic’ dancing-girls. Now this actress, as even a vaudeville reviewer has been known to aver, can neither sing nor dance. But for commerce she possesses indisputably a ‘long head.’ It was the nearly undraped bodies of her romping girls—who, by the bye, were on no more intimate terms with Terpsichore than their mistress—that attracted the crass populace. This ‘act’ was playing to overflowing houses in the West last season at the time that Isadora Duncan was on the verge of bankruptcy in New York. Nakedness in the mere service of art, it would seem, does not pay; although there were numerous dancing turns in the varieties last year with little, if aught, else, to recommend them except their bareleggedness: of course, last season was a hard one in the theater.

NUDITY

“But Miss Duncan,” objects the puritan, “wears scarcely any more clothes than those variety performers.” What can one reply to him, except that the distinction lies in the fact of Isadora Duncan’s being an artist, and that as such she makes a different appeal to the spectator; does not announce herself, for illustration, in the manner of the barelegged girls in the newspaper quoted in the foregoing. But it is to be feared that that hardly makes the matter clear for the puritan; and it is pathetically probable that if his son had gone to the Century Opera-house to see Miss Duncan dance,

he might have gazed upon her art with almost the same eyes that the lecher regards his feast of sensuality. For obscenity, as has been observed, lies primarily in the mind that contemplates—not in the object contemplated.

Nudity in this relation, however, human nature being what it is, remains a moot case; nor is it easily definable. As who should say, in analogue, about the love relationship between a man and a woman, that here begins the spiritual affinity, and here, the carnal passion?

The tragicomic consequence of the aggressive opposition to the public display in New York of the salutary painting called "September Morn" should be instructive. Vulgar postcard caricatures were sold broadcast, and the vaudeville and burlesque bosses lost no time in announcing *living* reproductions of the 'sensational French' picture. To the variety stage such censorship might effectually be relegated; for there, in sooth, Art, draped or undraped, seldom obtrudes. One circumstance, however, must not be lost sight of. "It is impossible," as Professor Michels summarizes it, "by means of the campaign against obscenity to expel sexual offences from the world, or even greatly to limit their extent....The war against pornography will not be decided by the prosecution of the pornographers, but by a cleaning of human sexual relationships."*

"Nothing whatever," declares Ellis, "is gained for the cause of a wholesome culture of nakedness by 'living statues' and 'living pictures.' Dr. Pudor, writing as one of the earliest apostles of the culture of nakedness, has energetically protested against these performances. He rightly points out that nakedness, to be wholesome, requires the open air, the meadows, the sunlight, and that nakedness at night, in a music-hall, by artificial light, in the presence of spectators who are themselves clothed, has no element of

* There have sprung up recently in New York several publications with the apparently avowed purpose of pandering to the prurient, or ignorant. These garish magazines may be seen on news-stands and in the hands of shopgirls in the subway. "Rigorous legislative measures," Michels maintains, in his *Sexual Ethics*, "may be suitably employed against the novel written in the sole aim of inducing sexual excitement—all the more in view of the fact that such publications are extremely profitable in the commercial sense. As Vischer rightly points out, the meanest wretch is sure to gain his ends when he works with sexual stimuli; for, however thick-skinned the reader, he has sexual nerves none the less." This is opposite to American burlesque. Save in so far as the publicity disintegrates it, the sexual excitement induced by the stage is measurably more virulent than that generated by words.

morality about it." It is often not the poses in themselves, however, that are in fault; but the scurile use to which they are subjected on the burlesque stage; and even so, perhaps, are these static pictures less meretricious than the shakings and hoppings and gyrations of the deshabille-chorus.

THE DANCE

The excellent Danish dancer, Adeline Genée, appeared in New York several seasons ago as the star of a ragtime farrago dubbed "The Soul Kiss." The climax of this show was made up of what might be termed a 'passion-kiss duet,' executed by a male and female dancer. Then came the gracious, graceful Genée, tripping joyously on the scene—like a ray of sunshine over a pile of dung.*

I saw a Dance of Spring once by a ballet of Russian girls, with only their arms bare. It was no less delightsome because the legs were covered by shimmering silk fleshings. Nor indeed do we miss nudity when the exquisite Pavlowa glides through "The Swan" of Saint-Saëns.

A danseuse named Adorée Villany, who has met with some success on the Continent, exemplifies, whenever not interdicted, the absolute nude in dancing, her theory being that perfect chastity assumes perfect nakedness. If it be generally true that the partially covered female form is a more cogent excitant of sex-passion than complete nudity, then is Mlle. Villany deserving of serious consideration; though of course her performance would be impossible in our vaudeville halls. Experienced models, it is known, disrobe quickly and at once as a safeguard against a possibly erotic-minded artist.

THE RAGTIME SHOWS

Musical comedy, so called, is as a rule less objectionable to good-taste than vaudeville; now and again it is quite innocent and dulcetly diverting, as it might always be. But Art hardly enters into managerial calculation when barelegged chorus-girls, with scarcely draped breasts, are sent out into the dim, smoke-laden auditorium of one of the big variety houses in New York. The following citation is taken from a review, written by a woman, of the show running last summer at this theater.—

* Even on the legitimate stage is prolonged impassioned kissing frequently rendered nauseous to the sensitive spectator. Naturalistic stage-directors may or may not realize that kissing need be no more 'real' on the stage than killing; that the actors' lips need scarcely touch for the effective counterfeit of almost any kind of osculation required by the playwright's text and directions.

"I mustn't forget the tired business-man's particular delight, the maidens who familiarize themselves with the audience by means of the runways* and plenty of fishing tackle. Quite a spirit of camaraderie is established in a very short time and bridges over that bare space between the first row of the orchestra and the former first row of the stage. As I watched those rounded, dimpled knees passing and repassing along the front row and up the center of the house I decided that Americans possess amazing poise and, again, as I watched the men eagerly reaching for the bait on the lines and even leaving the seats in order to pick up ping-pong balls which had been tossed at them and had rolled down the aisle, I concluded that Americans are also childlike and bland....The more admirers a girl has the more desirable she is to the management, which wishes to engage young women who are popular and can attract persons to the theater."**

Ball-playing between chorus and audience has long been in vogue in burlesque; and I can recall one such show at which the "spirit of camaraderie" that is established in so very short a time ended in the 'gents' in the orchestra being invited to dance with the girls on the stage, of which golden opportunity several availed themselves. It may possibly strike some observers that here we are beyond the legitimate province of the theatraic art.

I attended the fall production of the aforementioned variety theater one afternoon last December. Roués and 'balldates' were not numerously in evidence at this matinée. But there were many sumptuously gowned young ladies, who came in motor-cars; callow youths, obviously fresh from the provinces; a circumspect priest or two. Of course, several of the jokes and situations in the hodge-podge were such as the virgin and the priest must treasure in their hearts, since they couldn't be given voice within the confines of sensitive society or be reproduced in a respectable publication.***

An amusement-seeker so innocent as to wander into this theater without knowing why is hardly conceivable. The photographs attached to the walls without speak quite nakedly enough. For humor, music, dancing, one goes elsewhere. Of course the débutante and the boy from the country will glibly offer specious reasons for

* Cf. the aforesaid newspaper review.

** The New York Dramatic Mirror.

*** One of the 'jokes,' to adduce a single specimen, turned upon the low-comedian's failure to comprehend how "Some Baby" could follow "Twin Beds" at a certain theater.

their attendance at such a resort; but he is gullible indeed who does not perceive that it has been, primarily, for both of them an adventure into the tabooed realm of sex. And in their natural thirsting curiosity there is naught reprehensible.

The present commentator recalls a visit paid him one evening in Paris by a theological student he had known in the United States. "I want you to take me to the toughest show in Paris," he said, as if that were the uppermost reason for his coming to the capital. "Do you intend to preach about it?" I asked. "Well, no; but I want to find out about—these things." He confided subsequently that he had seen a performance of what he had been advised was "the toughest musical show" ever put on the American stage; and that he had taken in burlesques when in large cities. He was apparently chaste physically and had never entered a brothel.*

What is the psychologic relation between the normal fact of a man in love with a woman that leads him instinctively, gradually onward to the amatory culmination and the burlesque or variety show, to phrase it crudely, in which a paid dancing-chorus of some thirty unknown girls exert their secondary-sex powers, abetted by costumer, musician, electrician, to incite to concupiscent desire some thirty times thirty unknown men—but without the final gratification?

THE MOVIES

"Inspiration," a moving-picture of artist life 'released' last November, disclosed the heroine for brief moments in complete nudity. Due to the artistry of the producer, Mr. George Foster Platt, late stage-director of the New and the Little theaters, and of Miss Audrey Munson, a well-established professional model, these scenes did not exceed the bonds of esthetic provocation.** The picture called "Hypocrites," in which a naked girl was introduced by means of the superimposed film, proved a bonanza to its

* One evening last winter I was waiting a few minutes in the lobby of one of the residence-halls of Columbia University. A group of four well-dressed students were telling one another rather loudly how they were going to spend the evening. One of them was going to the Winter Garden; another, to "Undine," a movie that had been recommended to him as 'the nakedest ever screened.' The third was being taken by a pal to a burlesque house at which a 'hoochie-koochie' dancer was the shining light, and the fourth said that he was going to cram till eleven and then go down to Ziegfeld's "Midnight Frolic."

** In Boston this picture was alluringly advertised as "the most daring ever screened."

producers. There was really nothing to object to in this picture, except perhaps that the heroine (Truth) was palpably conscious of her nudity. The film as a whole was not remarkable, either for plot or execution, but on the strength of its one innovation it brought manifold more dollars to its owners than other far superior pictures had done. The average 'movie' manager is venal, of course, and the average movie director is not an artist.

THE "FAIREST OF CREATION"

Surely no unbiased theatergoer could find anything except wholesome joy in the diving exhibition given a few years ago in our music-halls by the Australian swimmer, Annette Kellermann. Of recent summers, at the obnoxious street carnivals held in many American cities, even so-called diving-girl 'acts' have been resorted to for pornographic bait.

At almost any of the numerous Californian bathing-beaches may be seen girls and young women, in suits no less scanty (or sensible) than their brothers', disporting themselves—running, playing ball, dancing—on the sand, in the sunshine. That there may be prurient eyes gazing from the promenade, that some of the bathers may be lacking in the saving grace of modesty, cannot alter the fact of the scene's salubrious, glorious freedom; or the conviction that here is a rightful place for curious-eyed, omnivorous youth to gain acquaintance with the "fairest of creation."

The influence of literary drama on sex in relation to society, this essay has made no pretence at investigating. Nor need much patience, in this consideration, be wasted on the smug persons that cry out against a morality like Brieux's "Maternity."

This inquiry has been made, moreover, from the standpoint of our generally accepted 'morals'—in particular, with regard to the custom of guarding our children from cognizance of the bodily form and functions of the opposite sex. A chaste man can look upon a woman's naked loveliness without erogenous thought; but certainly there is no advantage for his virile self-control in having the *bête humaine* in him played upon by the allurements of a courtesan.

It resolves itself, finally, this matter of sex on the variety stage, into a question of the excitation of *lust*, and with especial pertinence to the immature and uninitiate; and lust, as Shakspere, once for all, phrased it in his sonnet, is—

Enjoy'd no sooner but despised straight,
Past reason hunted, and no sooner had
Past reason hated, as a swallow'd bait
On purpose laid to make the taker mad ;
Mad in pursuit and in possession so ;
Had, having, and in quest to have, extreme ;
A bliss in proof, and proved, a very woe ;
Before, a joy proposed ; behind, a dream.
All this the world well knows ; yet none knows well
To shun the heaven that leads men to this hell.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE SEXUALITY OF LEO TOLSTOY.

BY L. G.

TOLSTOY, the greatest Russian novelist, and also well-known as a moralist, was born in the early part of the last century. Here I shall refer only to his sexual life and his writings on the sex question, leaving the other phases of his life alone.

He began to manifest sexual desire early, and fell in love again and again. When he was in the Cadet Corps it seems he was already a favorite with women, and was not slow in making use of the opportunities offered him. He married at the age of thirty-five or so, and raised quite a numerous family. About the age of sixty-seven or sixty-eight he lost his libido sexualis.

We shall follow him through all the stages of his sexual life, and see how his sexual instinct pictured itself in his writings. In his work entitled "Childhood," there is a chapter with the caption "Something in the Nature of First Love"; and we read as follows: "Katinka made this motion as she bent over the worm, and at the same moment the wind raised her kerchief from her white neck. Her little shoulder was within two fingers' length of my lips. I no longer looked at the worm; I stared and stared at Katinka's shoulder, and kissed it with all my might."—No regrets are expressed by the young moralist for the act. Further on we read in the chapter on "The Ivins, a Story of Love directed toward a Youth": "His original beauty struck me at first sight. I felt for him an unconquerable liking. It was sufficient for my happiness to see him.....All my dreams, both waking and sleeping,

were of him," etc.—There is no indication that he considered this attraction sinful or wrong. On the contrary, a little later, speaking of his love for Sonitchka he says: "For the first time in my life, I had changed in love, and for the first time I experienced the sweetness of that feeling. It delighted me to exchange a worn-out sentiment of familiar affection for the fresh feeling of a love full of mystery and uncertainty. Moreover, to fall out of love and into love at the same time, means loving with twice the previous fervor."

Charming, certainly very charming! This does not look like a man who is against love, reproduction and its attributes.

Now comes his boyhood, and we see him again in love, this time with a tinge of sexual desire: "But not one of the changes which took place in my views of things are so surprising to myself as that in consequence of which I ceased to regard one of our maids as a servant of the female-sex, and began to regard her as a *woman*, on whom my peace and happiness might, in some degree, depend. I fear lest my fancy should again present to me the enchanting and deceitful picture which existed in it during the period of my passion for her. In order to make no mistake I will merely say that she was remarkably white, luxuriously developed, and was a woman; and I was fourteen years old." Later he refers to the same incident in the following manner: "My observation of the maid's room ceased long ago; I am ashamed to hide behind a door; and moreover, my conviction that Masha loves Vassily has cooled me somewhat. Vassily's marriage, the permission for which, at his request, I obtained from Papa, effects a final cure of this unhappy passion in me."

Later in his youth he is invited to go to "Auntie's." He refuses it in the following terms: "No, if you do not advise it, I will not go on any account."—"No,' I added afterwards, 'I do not speak the truth when I say that I do not want to go with them; but I am glad that I am not going'." Every young man of the same age would act in like manner. The beginning is hard, no matter what you begin, especially going to "Auntie's." All young men are desirous of going, but are partly afraid, partly bashful, when they go the first time. But after a struggle they give in, and the going comes easier and easier.

In his work "Youth" he has a chapter entitled "Love"; and here are some extracts from it: "I do not speak of the love of a young man for a young girl, and hers for him; I fear these tender-

nesses, and I have been so *unfortunate* in life as never to have seen a single spark of truth in this species of love, but only a lie, in which sentiment, *connubial relations*, money, or a desire to bind or to unbind one's hands, have to such an extent confused the feeling itself that it has been impossible to disentangle it."—Here we see that he feels pain on account of the degradation to which love comes down among the people of his class, and some spark of his future ideals. He would like to see pure love, unalloyed, unmixed love, love naked and unadorned; but as yet he has nothing against love, and a little later he writes, " 'It is a pity that I am already in love,' I thought, 'and that Varenka is not Sonitchka. How nice it would be suddenly to become a member of this family! I should gain a mother and an aunt and a wife all at once.' "—In another place he writes: "Affairs of the heart engrossed my attention a good deal in the course of the winter. I was in love three times. Once I fell passionately in love with a very plump lady, who rode in the Freytag riding-school, in consequence of which I went to the school every Tuesday and Friday". . . . "I fell in love again with Sonitchka when I saw her with my sisters". . . . "And finally I fell in love for the third time that winter with the young lady with whom Volodya was in love."

All through this work he shows the different failures to which love and marriage are subject; but he does not consider them as an evil, or as anything sinful. In "War and Peace" he refers to marriage and the sexual relation as "the medicine which God ordained," but not with any show of scorn. In "Anna Karenina" he represents a woman who not being satisfied with the sexual love her husband gave her, abandons this man of science, and goes to live with a strong, good-looking officer, who is able to satisfy her sexually. But she is punished for breaking her marriage vow. Not many will agree with me in this synopsis of Anna Karenina; but I cannot help it; this is my view of the book. All he wants to show is that legal marriage is the real union of the sexes; anybody transgressing the boundaries must suffer for it. (You see, he was married himself at that time).

Now we shall pass to the end of his sixties, when he lost his sex instinct, and see what he thought of marriage and of the relation of the sexes then. "Kreutzer Sonata" is the book, and still stronger is the "Sequel to the Kreutzer Sonata." Here we have some of the most typical extracts: "First, I wish to say that a firm conviction (supported by false science) has established itself

among all classes of our society, to the effect that sexual intercourse is necessary for the health, and that marriage not being always possible, sexual intercourse without marriage, and binding the man to nothing beyond a mere payment of money, is quite natural and a thing to be encouraged. And I wish to say that this is *wrong*.

Second, in all classes of society conjugal infidelity has become very common. And I think such conduct wrong. Men and women should be educated at home, and by public opinion both before and after marriage, *not*, as now, to consider *being in love and the sexual affection* connected therewith as a *poetic and elevated condition*, but as being an *animal condition degrading to man*.

Third, Again, as a consequence of the false importance attached to sexual love, the birth of children in our society has lost its meaning. Instead of being the object and justification of sexual relations, it is now a hindrance to the pleasant continuation of amorous intercourse. And I think such conduct is *wrong*.

Fourth, In our society children are considered either an unfortunate accident or a hindrance to enjoyment. And I think this is *wrong*.

Fifth, In our society, the falling in love of young men and young women, which after all has *sexual love as its root*, is considered poetical, and is extolled as the highest aim of human effort. And I believe that this is *wrong*.

It is wrong because the aim,—the union with the object of one's love with or without marriage,—however it may be poetised, is an aim unworthy of Man, though considered by many as the supreme aim of life. In brief, no one denies that chastity is better than dissoluteness. But people say: 'If it is better not to marry, evidently we should do what is better. But if all men do so, the human race will cease; and it cannot be an ideal for humanity to destroy itself.' The extinction of the human race, however, is not a new idea. It is an article of faith among religious people, and to scientists it is an inevitable deduction from observation of the cooling of the sun. (???). It is said, 'If people act up to the ideal of complete chastity, they will be exterminated; therefore the ideal is false.' But intentionally or unintentionally, those who say this confuse two things—a precept and an ideal. The Christian's ideal is love to God and to his neighbor. It is renunciation of self for the service of God and man. But *carnal love, marriage,*

is a serving of self, and is, therefore, at least a hindrance to the service of God and man; and consequently *from the Christian point of view, it is a fall, a sin.*

Getting married cannot conduce to the service of God and man, even if the object of the marriage be the continuation of the human race. It is much simpler for people, instead of getting married to produce further children, to save and support those millions of children who are perishing around us for want of food for body and soul."

Now, I am not fighting Tolstoy's nonsensical ideas; I am merely showing the reader that when a man loses his sex instinct, the first thing he does is to call that deficiency *chastity*, and make a divine virtue of his impotence.

No one but an impotent can be chaste.

THE RESULT OF CLOSING THE SEGREGATED VICE DISTRICT UPON THE PUBLIC HEALTH OF CLEVELAND

BY A. R. WARNER, M. D.

Superintendent of Lakeside Hospital.

In order to determine as accurately as possible the influence of the closing up of the segregated district of Cleveland upon the public health of the community, particularly in regard to the infections with syphilis, the following tables and comparisons were assembled.

It has been for some time the custom in the Lakeside Dispensary to secure, whenever possible, from each patient having syphilis a statement of the date infected, the type of person from whom the disease was contracted (that is, whether from a prostitute, street walker, friend, etc.); also where infected (in a public house of prostitution, assignation house, rooming house, etc); also whether the patient was drunk or sober when the disease was contracted. It is not possible to induce all patients to give this [these] data fully and freely, but many will give it. [them. Data is plural.]

Before the closing of the segregated district, for the pamphlet of the Federated Churches, entitled "Suppressing Prostitution in Cleveland," there was collected from the dispensary records a series of 112 cases reporting fully the source of their disease. The individual reports of each of the 112 cases were carefully compared

and no effort was made to include cases not giving full and satisfactory details. The object of this table was simply to determine accurately the percentage of infections from the various sources. The report follows:

"One hundred and twelve cases of syphilis in men, acquired in Cleveland within the past eight months, have come to the Lakeside Dispensary for treatment. Women, old infections, and infections acquired outside of Cleveland are not included in these figures."

Sources	No.	Cases	Percentage.
Segregated District	45	40.2	
Street Walkers	29	25.9	
Clandestine Prostitution	10	8.9	
Accidental	14	12.4	
"Friends"	11	9.8	
Marital	3	2.6	
			112
			99.8

The above list included only the infections acquired in Cleveland during a period of eight months by men who gave the full data. In addition to this list there must have been more than a few patients treated in the dispensary for syphilis acquired in this period, who either did not contract the disease in Cleveland or who did not give a full report of the source.

To compare with the above table the individual records given by men infected in Cleveland in the eight months period between April 1, 1915, and January 1, 1916, were collected. In addition all cases of fresh infection for the same period treated in the dispensary were also collected. In order to include absolutely all the infections contracted before January 1st the records were not searched until late in February. A change in record keeping made it much easier to locate the cases not giving full information as to source in this series than for the first series. The individual sheets giving the data as to source were always kept apart from the routing records and readily available. There were only 18 full records of infections acquired in these eight months, the same period of time of the first series.

Sources	No.	Cases	Percentage.
Street Walker	6	33.3	
Friend	4	22.2	
Unknown or accidental	6	33.3	
Clandestine Prostitution	2	11.1	
			18
			99.9

In addition the records showed that 35 other cases of the disease in men acquired in this period were treated. These included out-of-town cases (5) and cases not giving full data, such as were excluded from the former series. The attendance at the dispensary increased 7,052 visits in 1915, indicating that the number of patients contributing toward the last series was greater than that contributing to the first. Therefore, a comparison of the eight months preceding the closing of the segregated district and the eight months following this closing as to the amount of syphilis treated in Lakeside Dispensary may properly compare the syphilitic infections in Cleveland.

In eight months BEFORE the closing of the segregated district	In eight months AFTER the closing of the segregated district
Listed cases 112	Listed cases 18
Unlisted cases, .. (?)	Unlisted cases 31
<hr/>	<hr/>
Total 112 plus (?)	.. 53

Although Lakeside Dispensary is situated near the old segregated district and undoubtedly is selected by those living near this district, its attendance comes from all parts of the city, the Newburg district furnishing the greatest number of patients. The addresses of those in the first series of 112 are as scattered as those in the second series of 18. The addresses of the 35 unlisted cases are equally scattered and 5 of these were from outside the city. It may, therefore, be assumed that this comparison is a fairly accurate picture of the public health as respects syphilis, *before* and *after* the closing of the segregated district. With the vice district in operation the comparative figure is 112 plus a considerable more. Without the district the total figure is only 53. It is difficult to realize the saving in human life and suffering that these figures indicate. Less than half the new infections mean less than half the suffering from long standing and latent disease and less than half the infected wives and children.

From the standpoint of public health, the closing of Cleveland's vice district was certainly wise.—*Cleveland Med. Journal.*

The results reported by Dr. Warner are exceedingly interesting, and if they should be corroborated by investigations of other cities, there would be but one thing to do: the immediate,

unequivocal and relentless closing of every segregated vice district in every city in the Union. Two factors, however, the author has left out. He has left out of consideration the influence on venereal morbidity of venereal prophylactics which have come but recently into use. I believe an investigation would show that, due to the use of venereal prophylactics, there is a great falling off in new cases of syphilis all over the country, regardless of the closing or non-closing of the vice districts. The second factor is—salvarsan. No matter how opinions may differ as to the *curative* value of salvarsan, there is no difference of opinion as to its remarkable effect in curing open lesion and thus rendering the individual non-dangerous as an infecting agent.

Yes, venereal prophylactics and salvarsan have reduced the incidence of luetic infection the world over. And it is a pity that the author did not give the figures for gonorrhea in the ante-closing as compared with the post-closing days.—W. J. R.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE SUBLIMATION OF SEXUALITY

BY DR. HANS BLÜHER

HERE are few academic ideas of scientific or amateur sexology which lend themselves to as easy and frequent misunderstandings as that of sexual sublimation. This comes in especially handy when one wishes to cloud or to confuse the issue and I might almost say that the majority of people fall back upon sublimated sexuality when they wish to give an evasive answer to questions of sexuality.

Sublimation is easily and extensively confused with refinement or whatever one may call it, and the confusion is the easier as the two things are found in nature side by side. But the fact that the two are found together in reality doesn't justify us in overlooking their entirely different nature.

When we consider on one hand primitive, frank sexuality, and on the other hand its two offshoots, refinement and sublimation, and when we watch the development of those two offshoots we understand at a glance their entire mechanism. And in this case we discover that the two offshoots follow an entirely different mechanism.

The difference is clearly shown by the following illustration: Take as your starting point the love life of a primitive individual from a lower race and follow the development of sexuality in higher and higher types until you reach a highly cultured man; you will find that in the former case sexuality originates in the genital regions and returns to them by a direct way; in the latter case, on the contrary, sexuality passes through many voluptuous preliminaries before it reaches its climax. Kissing, dancing, flirtation, perfumes, clothes, gradual approach with new allurements at every step, all those are the voluptuous preliminaries which we call refinement.

Don't forget, however, that all those preliminaries are laden with a sexuality which, for the time being is very weak, but which a trifling incident can strengthen and even precipitate into the orgasmic stage. The preludes, postludes and intermezzi of sexuality are symptoms of refinement.

We might designate them as the sexual rites of civilized man, but we should not mistake them for culture. This is the process of refinement: sexuality spreads gradually into domains which are not comprised in the purely genital zone and thus enlarges its own sphere of action.

Sublimation is something entirely different. This is the way it generally proceeds: A subject, A, let's say Goethe, feels a sexual attraction for an object, B, let's say Charlotte Buff. A great amount of sexuality in all possible forms accumulates in the course of perverse or nonperverse moods in the subject who becomes aware of it and endeavors to give it an outlet. No outlet can be given it by way of taking direct possession of the object, for this object belongs to some one else. Consequently many other means such as physical exercise, onanism, etc., are resorted to in order to allay the sexual tension. One of these means is sexual sublimation. Another object, B¹, which is somehow related to object B, detracts to itself a part of the sexual libido, modifies the sexual character of the libido and makes out of it something entirely different. This modified libido drives then the subject into producing some intellectual work. Let's follow the process in the case of Goethe and Charlotte Buff: Goethe's poetical mind replaced the unattainable Lotte by an ideal Lotte, which was not simply a double of the real Lotte, whose thought might lead to masturbation, but one whose thought would lead to the creation of a work of art: Werther. And thereupon the work of art itself

becomes the aim of the original sexual impulse. This, however, cannot relieve the sexual libido even if it transvaluates it permanently. The new subject Goethe-Werther is no longer a sexual organism but a sexual derivation, an example of sublimated sexuality.

In order to understand this we must see clearly that the nature of a tendency is absolutely conditioned by the nature of the object toward which it tends. Every one of Goethe's actions toward the real Lotte were prompted by refined sexuality, his conduct toward the Lotte of Werther was prompted by sublimated sexuality. We must also take into consideration that in the process of artistic creation it is only the first impulse which is of sexual origin, but not the final shaping of the work. The sexual libido transformed itself in this case into poetic creation but this was solely due to the special predisposition of the subject Goethe; when such a predisposition is lacking it may transform itself into some other kind of impulse, for instance into philanthropy or social service. The result of sublimation is always twofold: first the mind is stimulated to take up a project it already held in a latent state and to carry it out; secondly, the sexual tension caused by the original object becomes more bearable. The truth of this statement will be evident to every young man who once felt the need to celebrate his love in a poem.

This theoretical statement of the question makes it clear that refinement and sublimation are two entirely different things with processes all their own, and which may, however, be coexistent. Refinement is still sexuality localized in the periphery and which only needs to be strengthened to reach the orgastic stage; sublimation is transformed sexuality, an offshoot of sexuality; it is no longer felt as sexuality and cannot pass into the orgastic stage by being merely strengthened.

Modern pedagogy of which Gustav Wyneken is the leader has had to take a decisive stand in regard to sexuality and its sublimation. It has recognized the distinction between the two. This distinction will appear the more striking when we recall the antagonism between the new ideas and the educational methods of the catholic church. Attacks directed from that quarter against Wyneken, (see "Wyneken and the New Youth" by George C. Steinicke, Munich, 1914) have made the two positions very clear. I really believe that it is high time to state them with the help of the keenest and deepest possible presentation of the problem.

The catholic church demands in a word that only the minimum of sexuality necessary to assure the continuation of the race be put to use that the rest be sublimated. More accurately speaking, the voluptuous feelings which accompany the act of procreation must not be considered as a legitimate gratification; as they cannot be sublimated they are, at least theoretically, condemned as being a consequence of the original sin. The church's dictum is then that every urge shall be transformed into religious fervor. This is exactly the formula of sublimation. The urge tends then toward an object different from its original object, a cosmic or a metaphysic object, God, a saint, the virgin Mary, the universe or any other thing; this transformation modifies the character of the urge; it is no longer a natural urge; it becomes fervor; in other words the effective elements of piety are of sexual origin, while the objects of the pious fervor are created by the mind.

It is certain that there creeps into this piety a certain amount of sexuality which is not sublimated but merely refined. The very charm of the male and female saints does not allow the transformation to proceed very far and the urge retains its original sexual character. Such is the origin of the mystic erotic element we notice in catholic worship.

While the aim of catholic education is to sublimate and to drive permanently into the old hieratic paths whatever amount of sexuality is not needed for the procreation of children, Wyneken and his disciples wish to sublimate sexuality for the benefit of culture, especially of intellectual culture, in a word for the benefit of intellectuality. In this case, values are not established dogmatically, according to their intrinsic importance; rather do they establish themselves as they are forced upon man by the evolution of the universe. We may well assume that there is still in that conception a survival of religious ideas but the whole point of view is entirely different.

Let us go back then to the sexual problem proper and ask one question: To what extent can sexuality be sublimated? The answer should be: the process has its limitations and everything depends upon the individual. One cannot sublimate all sexuality; there is always a residuum which demands an outlet in the primitive orgastic fashion by way of the refined form of sexuality. I suppose there always remains a residuum which cannot be sublimated even in people who renounce all sexual activity and whom we might, from the catholic, buddhist and schopenhauerian

point of view call saints. Only in this case sexuality is retained in its autoerotic form, that is as muscular, fecal or anal eroticism, a process which is not outwardly noticeable and escapes every means of control.

We see that in the teachings of the catholic church, especially in its ethical theology, the suppression of that non-sublimable residuum has necessitated the adoption of a whole system of measures reaching far into the minutest details of casuistic.

From a study of the everyday life of average and superior people we gather that there is such a residuum. The fact that it is present in superior people in the same coarse form it affects in every one else, and without any substantial difference, shows us that it does not constitute an obstacle to greatness.

We are told that Beethoven was chaste, but nobody can be positive about that for in those days people were much more reticent about masturbation than they are nowadays; Goethe was anything but chaste and so were Shakespeare and Byron.

At the same time the sowing of wild oats has its limits. There is no man given up absolutely to mere sexual gratification. Even the wildest wanton clings to some artistic worship which he owes to the sublimation of his sexuality. It seems as though the soul life of man would not allow him to run the whole gamut of sexuality with all its perversions.

This opens up to us a rather optimistic outlook as far as culture is concerned, even if we must admit that in certain individuals, dissipation reaches a degree which makes it no longer compatible with culture.

After learning how far sexuality extends in both directions, educators should determine its extent in each and every individual pupil through a gradual, unprejudiced, severely analytical study, the very opposite of suggestive study.

The part of sexuality which is recognized as capable of being sublimated can then be submitted to a specific training. And this is the beginning of a great process which will enable us to reach some day very remote and very lofty goals. The residuum incapable of sublimation and upon which the church frowns can be submitted to a practical diet by a pedagogy that aims to foster culture. Here we must stop moralizing. It is useless to bemoan the fact that a part of sexuality cannot be sublimated; neither should that part of it be made to suffer insults, scorn or persecution. The one thing to do is to see that it does not strike a dangerous path.

Our modern educators speak of the "affirmation of eroticism." I suspect that they do not have a firm grasp of the subject. They are still laboring under the delusion that all sexuality can be sublimated.

If we observe the effects of that process in one individual we will notice that the attempt to transform all sexuality is just as harmful for sexual life as the attempt on the part of the catholic church to stamp it as sinful. To say to a young man who can no longer restrain his sexuality: "sublimate it" is not only absurd, but dangerous as well.

There are still other ways of transformation in which sexuality is directed to an object leading into a blind alley: I allude to the compulsion and anxiety neuroses. Men affected with these psychic troubles are even less fitted for the duties of civilization than the men who suffer under the burden of "sin."

In the domain of sexology we must beware of spurious mysticism and remain pure rationalists. Only an alert mind can cope successfully with the protean nature of sexuality and check it when it begins to run amuck.

It is only after understanding clearly the mechanism of sublimation and refinement that one will be able to make accurate computations instead of merely giving one's imagination a free rein, and to throw light upon the subject instead of obscuring it.

For THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

A PROBLEM IN SEXUAL ETHICS

BY PROF. CHRISTIAN V. EHRENFELS.

AMEDICAL student, twenty-four years old, physically and psychically thoroughly sound and robust, has his last examinations before him. He expects after practicing for a few years to earn an income which will permit him to get married and support a family. Until now, by the exercise of considerable self-control, he has refrained from all sexual relations. He has observed that this abstinence, gained now and then only with difficulty and hardship, has on the whole increased his vigor and psychic tension and working power, but for some time disquieting symptoms have been making their appearance. Sexually libidinous fancies pursue him with a power and persistence to which the strongest exertion of will-power is no longer equal. After semi-sleepless nights he gets up in the morning with a tired languid feeling. He cannot get rid of a dull heavy sensation of

pressure in the forehead and temples. Only with the greatest effort can he force his attention to his studies, every unwatched moment it flutters away in the one direction. The studies which he still has to accomplish, merely a fragment of what he has already learned practically without any effort, appear to him suddenly threatening, overpowering, unconquerable and there arises in him a hitherto unknown anxiety that he is not equal to the task, that he will succumb to it. There is no doubt those are the symptoms of beginning nervousness.

A medical colleague to whom the sufferer relates his condition answers offhand: "My friend, the matter is very simple. Your nature categorically demands a woman, of which you deprived her until now and which you must give her now if you do not want to become a neurasthenic. You are otherwise not a fool or an imbecile, you are a splendid fellow besides, in whom all kinds of women would take pleasure. The woman is the crown of all creation and the highest pleasure in life. Do not think any longer—go ahead."

In all this there is really nothing new for our student. He has told it to himself a dozen times and more, and whenever he said it to himself it nodded to him and it beckoned to him from all sides as if in a flower-garden. But as the watchman in the garden there stand the moral scruples. "To seduce an unsuspecting innocent girl, to force or flatter away from her her maidenhood, her best possession and guarantee for a future happy marriage?.....or to have to consider himself bound to her, to her, the workingman's daughter, with uncultured speech and the lack of understanding for the finer things of life.....how rapidly such a little flower withers! She is also practically of my age, under no circumstances would it be a happy marriage and an unhappy marriage cannot be a moral duty."

"But perhaps it would be better—the wife of another? There is a good opportunity for it. Yes, he has not failed to notice it—so foolish he is not. "It would be beautiful, an unimaginable pleasure, such a woman! But the theft of somebody else's possession? True, there are moralists who affirm that marriage without love is wrong, not any better than prostitution. And does she love him, can she love him, when she is so ready to come over to me? But nevertheless a chain of lies, masking, deception and meanness of the lowest kind would become attached to it. To have to look into the eyes of the deceived man and the children—never!"

"But if not this, then there remains the so-called sewer of prostitution. True, in honesty I must confess it, the thing does not seem to me so sewer-like. Yes, I even think it is quite splendid. I see all colors before my eyes at the idea of spending an hour alone with one of those charming women, but—the danger of infection . . . should misfortune want it—then I am ruined. . . . all my living seed, the best inheritance of my father, for all eternity. True, there are remedies to protect oneself, but—how disgusting! When the blood rushes like a torrent and the senses are drunk with pleasure, to have to think of that! And then none of these remedies are without exception absolutely sure. And even if they were, the moral dirt. . . . and the thought of her, the prostitute, that I can no longer get rid of. . . . to have received the first blissful thrill that can be given by a woman from the absolutely lost one. . . . in the bridal bed to have to think of her, who has by then sunk down to a procuress or at the best has become an attendant in the public toilet rooms—ugh! So this also not."

"But what then? I must liberate myself, I also have duties towards myself. I have no right to make myself sick from moral hyper-sensitiveness, any more than others from frivolity and dissipation. True there are physicians who affirm that sexual abstinence can never act injuriously on one's health. How correct this is I can judge now for myself: it is surely not so bad as syphilis or pulmonary tuberculosis, but still bad enough to run down one in time. In some books one reads that self-abuse is not at all so injurious as is generally believed, even harmless if it is not practiced to excess. But still the matter must be at least serious—otherwise the way out of the difficulty would be too simple. . . . but then oh, the name alone. . . . a masturbator! do you want to sink to that? So that also not. So finally, after all, there is nothing left but the old, long-practiced abstinence, its tortures, and in addition to have to look on how it slowly but surely is making me ill."

PROF. EHRENFELS' PROBLEM IN SEXUAL ETHICS

BY WILLIAM J. ROBINSON, M.D.

I have translated the above from Prof. Christian von Ehrenfels' introduction to his most excellent, thoughtful and philosophical monograph, *Sexualethik*, which I regret to say I have come across only to-day. Dr. Ehrenfels, who is Professor of Philosophy at the University of Prague well presents the moral scruples which

assail every high-minded, conscientious young man, and the struggles which he has to go through. But Prof. Ehrenfels has left out one contingency, one possible issue. The problem is not quite a cul-de-sac; there is a way out of it. Whether he left out that solution of the problem because then the problem would no longer be a problem, or because that solution of the problem is impossible or at least not feasible in Prague and in smaller towns, I do not know. But that such a solution of the problem does exist in large cities, and is utilized by an ever increasing number of men cannot be subject to any doubt. As I said many times before, sexual problems should either not be discussed at all, or when they are discussed they should be discussed in absolute frankness without any reserve and without any evasion.

There is one other possibility which could have presented itself to the young student's mind. It is doing no violence to our imagination or to the law of probabilities, to believe that there is a thoroughly respectable young woman of about the same age or older, or perhaps a widow, who is harassed by the same disagreeable sensations that annoy the young man. She may be even suffering worse than he does. She may have become anemic, chlorotic, dyspeptic and acquired a dingy and pimply complexion, or her nights may be sleepless and restless, and she may have become listless, despondent and incapable of any work. And assuming that that young lady is a radical young lady and has imbibed the ideas of Prof. Ehrenfels himself, that there is nothing sinful in extra-matrimonial intercourse *per se*, why should not that young man and that young woman come together and live in temporary union, this temporary union being dissolved at the desire of either party or being perpetuated into a permanent union when they have acquired the longed for competence and are able to keep up a home and support a family? Here there is no moral degradation on either side, no danger of venereal infection, no disgrace, no scandal, no possible tragedy. The only danger is that of pregnancy and that can be easily prevented.

Such a union presents in itself nothing injurious to either the individual or the race, but on the contrary contributes materially to the physical and spiritual welfare of two individuals. And if one is permitted to go as far as Prof. Ehrenfels does in believing that extra-matrimonial intercourse may be permitted when it is for the benefit of the individual, then why should not those two individ-

uals be permitted to live together and why should such a union be looked down upon instead of being accepted as perfectly proper, rational and healthful?

I do not know. What do you think of the matter?

Abstracted for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEX CRIMES AND THE SEASONS

BY DR. PAUL GAEDEKEN.

ONE of the greatest advances of the nineteenth century was the extension of scientific methods into regions which had previously been occupied by mere speculation. This is strikingly true when one considers the result of the application of such methods to man and the social system. One would not say that the advance has been very great but we have at least discovered that the scientific method is the right avenue of approach. Thus in criminology the statistical method has established numerous facts which no amount of unwillingness to believe can set aside. This is as true of sex crimes as of others.

The origins of sexual transgressions can be understood only in connection with the other phenomena of the sexual life. Thus the statistics as to conception throw an important light on the criminal statistics. Tables of such statistics are helpful but they can be properly appreciated only if one understands the phenomena which lie behind them and appear symbolically expressed in the figures. That a certain number of sex crimes or of conceptions have occurred signifies that an equivalent number of individuals were at that time in a certain psychophysiological condition which had resulted from various internal and external conditions. The main problem is to determine what those conditions may have been.

In the beginnings of any science we usually describe conditions rather than explain them. In the present matter it is hardly an explanation to say that the phenomena are the result of the sex impulse. We must seek the explanation in those peculiarities of the sex impulse which differentiate it from other impulses. While the presence of the sex glands is essential to procreation, castration shows that *the psychosexual mood* which results in the procreative act is *not* dependent upon them.

On the other hand the mechanism of erection is essential. The psychosexual mood is manifested by a flow of blood to the sexual

organs and this is a result of nervous reflex which may have as cause mechanical, chemical, or purely psychic stimuli. Whatever the deeper causes of this psychosexual mood in any individual case, the vaso-motor system is an essential intermediary. Whatever influences this system influences the mood. Thus when we find a relation between the season and conception or sexual criminality we must investigate any possible relations between the season and the vasomotor system upon which the phenomena depend.

Fortunately the results obtained by the Finsen Phototherapeutic Institute show that there is a close relation between respiration and circulation, and that the seasonal variation of these two functions rests upon the chemically active light rays. This is not only true of the intense radiation of the light-treatments but also where merely the face and hands are exposed in the ordinary way. On the other hand no such relation can be shown for temperature, humidity, barometric pressure, or atmospheric electricity. The effect of the rays on the muscles exposed to them induces a general reaction in the system, the more so at those seasons of the year when the light intensity is great and the system unusually sensitive. This reaction undoubtedly includes the psychosexual tone. (See: Lindhard, Shand, *Archiv f. Physiologie* 26, 1912, 30, 1913. Gae-deken, *Archives d'Anthropologie Criminelle* 24, 1909. *Z. f. Psychotherapie u. med. Psychologie*, 3, 1911.)

From this standpoint it is no wonder that the psychosexual condition of Spring and Summer should be manifested in the statistics of conception and of sexual transgressions. Neither is it surprising that other explanations have proven inadequate. Thus the attempt to explain the increase of conceptions in Spring as an inherited periodicity fails when we consider that the increase appears six months displaced in those Europeans who have settled south of the Equator. Mantegazza's suggestion that the cause lay in the increased food supply fails when applied to a land like Servia where the orthodox fasts are strictly kept. Aschaffenberg's attempt to coordinate sex crimes with alcoholic excesses breaks down when we compare sex statistics with those of other assaults. The maximum of sex crimes in Spring does not correspond to an increased consumption of alcohol. This is confirmed by the Danish statistics which keep separate records of chronic alcoholics as distinguished from others. Gross' suggestion of the effect of greater opportunity for such crimes in Spring is hardly sufficient. That opportunity plays a part in late Summer has long been known.

The important fact is not however, that so many explanations fail, but that we have an explanation which does explain. A comparative study of the conception statistics of various countries shows conclusively that we are dealing with a climatic factor, but the statistics from Greenland show that temperature is not that factor.

The relation between sexual crimes and the seasons as shown in the statistics and physiology is of more than passing interest. It forms the basis of whatever policy we may formulate. It also indicates the direction which criminology must follow in order that the data collected may be most useful. The collection and editing of such data are of the greatest importance.

The first requirement is an international committee which shall collect data of all kinds and by uniform methods which will permit good comparative studies. Unless the data are so collected their richness leads only to confusion. For example, it is of the greatest importance to know whether the data refer to crimes against children or adults and whether first or second offences. It is also important that physiological and psychological studies be correlated instead of leaving the embryo criminologist to grope his way among the publications of multitudinous specialists. If the various universities could work together, by exchange of professors or otherwise it would not only increase the fruitfulness of the work but would furnish a desirable counterpoise for the tendency toward too narrow specialization. Finally it is to be desired that preconceived notions as to causative complexes be not allowed to narrow the observations to such an extent that climatic and social factors will be obscured.

My computations of the percentage of recidivists in sexual criminals furnish no grounds for pessimism. Such are much less frequent than in the case of crimes against public order or property. Thus in spite of the greater sensitiveness to seasonal influences the sex criminal is by no means insensitive to punishment. This favors the concept that sensitiveness to punishment should determine the sentence instead of a postulated "free will." The latter leads to absurd results.

ABSTRACTS

STRIKES AGAINST MARRIAGE IN ANCIENT TIMES.

There is nothing new under the sun. "The Strike of a Sex" is neither new nor original.

That strikes against marriage occurred in olden times is reported by Lellius and Schottelius. The young women of Milet, an ancient commercial town, formed a peculiar association. The latter was based on the idea that the marriage state is one of misery in which the woman was subject to the man and which brought her nothing but pain and trouble and deprived her of her liberty. For this reason the women swore never to marry and if force was used in bringing them to wedlock they were pledged to prefer death by hanging. Marriages were almost suspended and suicide among the young women reached shocking proportions.

The authorities hit upon the following plan to overcome the evil. Counting upon the sense of shame of the women, they decreed that after her death every suicide should be publicly disdained by being dragged through the city streets, naked, with the same rope that caused her death, and her body left exposed to the insults of the populace. Only one such example sufficed to break up the organization and force the young women into the bonds of wedlock.

A CASE OF UNUSUAL FERTILITY WITH CONSTANT BLEEDING BETWEEN PREGNANCIES

Unusual fertility in woman has for years excited the interest of gynecologists. In 1834 there was reported the case of a man whose first wife bore quadruplets four times, triplets seven times, and twins ten times, and whose second wife bore triplets once and twins six times. This father had 70 children in all, and the overproductiveness seemed to arise from the father's side. Similar cases are mentioned.

A characteristic of extraordinary fertility is the tendency to repeated multiple births, which are regarded by many as con-

stituting an atavistic tendency in man. Furthermore there is persistence of a primitive condition of the sexual organs such as polymasty, uterus bicornis and an ovary rich in follicles and poor in connective tissue.

The case reported in detail is that of a 45 year old widow who was herself a twin who bled profusely but without other symptoms from her tenth to her twentieth year when she married. The next day the bleeding ceased. After that there followed in rapid succession pregnancies, births, abortions, lactations, interrupted by new pregnancies, and in between by persistent bleeding. In 25 years this woman had gone through 30 pregnancies, had borne 36 children of which 20 were living, including twins four times and one set of triplets. The most interesting feature, however, is the rather severe constant bleeding which persisted uninterruptedly when no pregnancy existed.

If we assume in woman a monthly ovulation, causing a monthly menstruation there seems in this case to be a constant ovulation (repeated conception at the first coitus) associated with a constant bleeding. Such findings of unusual richness in follicles has repeatedly been observed elsewhere. Accordingly by means of the hypothesis of an increased ovulation not only the great fertility, but also the prompt conception as well as the continued bleeding between pregnancies may be satisfactorily explained.

THE SCIENTIFIC FOUNDATIONS OF SEXUAL PEDAGOGICS.

After a discussion of some of the psychological factors involved in character building and teaching, and a strong plea for the recognition of sexuality as an unavoidable foundation upon which we must all build, Prof. Johannes Dück (*Archiv f. Sexualforschung*. I, 303, 1916), summarizes his conclusions as follows:

We may regard the following facts as established and a proper consideration of them essential in any discussion of training.

1. Sexuality first reaches consciousness between the eighth and twelfth years, usually earlier in girls than in boys.

2. Sexuality appears in boys between the 11th and 15th years, naturally. With girls, sexual activity usually begins with undifferentiated displays of affection. With boys, the first intercourse is usually during the first excursions from home. With girls the temptation is greatest between 18 and 28.

3. At present comrades and servants play an important role in the initiation of sexual activity. But the activity may arise spontaneously.

4. The desire to masturbate appears in 75 per cent of our school boys between the 11th and 15th years.

5. Venereal infection resulting from rape is distinctly on the wane.

6. We may properly speak of a pathologic displacement of sexuality on the part of our young folks.

Rather less certain are the following:

7. The influence of teachers is at present mostly negative. With girls the teacher plays a more important role without sexuality reaching consciousness.

8. Owing to the suggestibility of the adolescent this is the time when character development can be most profitably undertaken.

9. School comraderies have little to do with sexuality.

10. The Bible and the Classics affect sexuality only after attention has been called to them and then only where a lack of candor has aroused curiosity.

11. Homosexuality where it does appear is nearly always a pathological manifestation of adolescence and passes away spontaneously. For the most part it results from seduction.

12. Very important are the relations between the nutritional life and sexuality. For example; alcohol and other stimulants; excessive protein, sleeping conditions, clothing and overfeeding are to be considered.

13. The extraordinary brain and nerve stimuli which act upon our youth at present produce a simulated and a real precocity.

14. The high tension of our economic life disrupts the family with a corresponding lack of control. This touches all phases of life including the sexual.

15. The relative ease with which luxuries are obtainable and the democratization of the people has removed many old barriers.

Although the goal of education may be differently viewed from various angles, we may consider the following as established for our people and time:

1. Since the whole of our existence has its roots in the sexual life, sexual instruction is much broader than a mere teaching of physiology.

2. The purpose of training is to develop a compact personality which can adapt itself to any conditions, that is, live happily.

Hence the importance of proper training, mental, physical and spiritual.

3. From the standpoint of eugenics it is important that there be a selection of those individuals who possess desirable traits for propagation. The difficulties are great but we ought at least to try to avoid unfavorable influences during the period of development.

4. Increasing democracy has spread the idea of personal freedom and irresponsibility. We should inculcate from earliest years a sense of responsibility, not only to one's self but to posterity.

5. Training should be in the direction of absolute truthfulness, especially towards one's self. Only by so doing can we improve our absurdly false culture.

6. The most natural and potent confidant of the child should be the parent. To this end an entire re-education of the parents is necessary.

7. Since absolute frankness is necessary in the training of the child, all who have to do with it must make themselves masters of the facts of sexology and answer questions honestly whenever occasion arises.

8. We need well rounded self-contained characters, hence, instruction should be as individual as possible.

9. We should aim at developing self-control, strength of will and a capacity for impersonal self-criticism.

10. It is essential to develop as far as may be the appreciation of beauty in all forms since herein lies the possibility of ennobling the sexual life.

11. A conscious purpose in life makes for happiness and social usefulness. It also furnishes the foundation for self mastery. After all, the art of life rests upon an appreciation of the relation between work and joy and that should be the goal of all our teaching.

POSTMORTEM CESAREAN SECTION.

Dr. James A. Harrar reports ten cases of postmortem Cesarean section (*Amer. Jour. of Obstetrics*, June 1916). Realizing that delay in the delivery of the child is often caused by the confusion consequent upon the death of the mother, he emphasizes that the life of the infant depends upon the prompt operation by the atten-

dant. Although it is always best to gain the consent of the nearest relative of the dead woman for the performance of Cesarean section, it is the imperative duty of the surgeon to save the child, and his sense of duty must outweigh lesser considerations.

In Rome, from the time of Numa Pompilius, civil law decreed Cesarean section in pregnant women dying undelivered, and the Church set its seal upon this edict. That the operation was even recognized in ancient mythology is evinced by the reputed births of Bacchus and Aesculapius.

Although in the majority of cases postmortem delivery has not succeeded in saving the life of the child, the percentage of successful cases is increasing, according to figures given from 1862 to 1914. Study of the recent literature has convinced Hallman, who collected 68 cases, that the prognosis is better in sudden, rapid and violent death, disease of the central nervous system, heart and kidneys, than it is after long continued illness which has impoverished or tainted the blood of the mother.

Delivery by Cesarean section is advised in all cases except in those where death occurs at the end of second stage of labor, in which prompt extraction by low forceps or rapid extraction of a breech may be done; but the success of delivery per vaginam depends upon the normal conditions of the pelvis.

Fifty women among 91,600 pregnant women at or near term at the Lying-In Hospital (New York) have died undelivered, the majority dying in less than an hour after reaching the hospital, and 19 postmortem deliveries have been performed. Version was done 7 times, resulting in 7 stillbirths. One living child, the head being on the perineum at the mother's death, was extracted by low forceps; another child, a breech presentation, was delivered living. Cesarean section was performed ten times, and the author gives a detailed description of each case.

Of these ten cases (which include the delivery of twins) three babies were stillborn, their death probably occurring before that of the mother; four others had feeble heart-beats and attempts at resuscitation were not persisted in; one infant gasped feebly after its delivery and then died; one, slightly asphyxiated, died of pneumonia on the sixth day, while another, although badly asphyxiated at birth, lived and was discharged in good health, another, which cried spontaneously when delivered, was also discharged as a well baby (so that out of the 10, 2 remained alive).

Repeatedly the author insists that the success of the operation depends upon its promptness. Women in a cataleptic state have been subjected to Cesarean section, the surgeon believing them dead before the initial incision, which proved the contrary, and this fact may explain the existence of reports of long lapses of time between the apparent death of the mother and a successful delivery of the child by Cesarean section. Study has shown that a fetus will live from five to twenty minutes after the death of the mother and that the authenticity of reports in regard to longer periods may be discredited. Dr. Harrar believes that upon the death of the mother no time should be wasted in attempting to auscultate the fetal heart, for there are many babies born in the usual manner whose fetal hearts it has been impossible to auscultate. Preparations for asepsis, the mother being dead, can of course be dispensed with, and the operation expedited. Also, great stress is laid on the necessity for the exercise of indefatigable care in the resuscitation of the child after delivery.

The legal aspect of the postmortem Cesarean section, even without the consent of the nearest relative, is considered, and its strict legality confirmed, the rule holding good in all cases where the 28th week of gestation has been reached. In the question of inheritance the child born by postmortem Cesarean section is legally entitled to share in the estate of the mother.

QUACK ADVERTISEMENTS IN OREGON.

The Oregon Supreme Court (*Social Hygiene*) has upheld the law forbidding the advertising of sex medicines, which makes it a misdemeanor for any person "to advertise or publish an advertisement intended to imply or to be understood that he will restore manly vigor, treat or cure loss of manhood, lost power, stricture, gonorrhea, chronic discharges, gleet, varicocele, or syphilis, or any person who shall advertise any medicine, medicinal preparation, remedy or prescription for any of the ailments or diseases enumerated in this act." On May 14, 1914, an indictment was filed against Edwin A. Hollinshead and Irving R. Stearns, for violating this statute. The advertisement exhibited was as follows:—

New discovery for men, can be used secretly in any place. Zit Complete Stearns', \$3.00 postpaid. Plain wrapper. Written guarantee to cure most severe cases of Gonorrhea or Gleet, if

directions are completely followed, or money back. Only quick, safe remedy. Not an injection. Stricture impossible. No pain or bad taste. Complete directions given with each package. By our one exclusive agent.

The J. A. Clemenson Drug Co.,
Cor. Front and Morrison Sts.,
Portland, Oregon.
Spell it out Z-I-T.

After the Court had overruled a demurrer to the indictment the defendants were convicted and fined \$100. The decision of the Supreme Court upon the appeal of the case was in part as follows:—

"For many years it has been recognized by publicists and legislators that some drastic action is necessary to check certain social evils and to protect youthful and inexperienced humanity not only from easy access to vicious and immoral practices but also from the schemes of designing men, who for the sake of financial profit would prey upon the calamities of the unfortunate who have sowed the wind and reaped the whirlwind. Further than this, it has been thought that the act of spreading broadcast, by means of advertising, the idea that certain venereal diseases are easily and cheaply cured, is against public policy in that it has a decided tendency to minimize unduly the disastrous consequences of indulging in dissolute action. These views were evidently the moving principle of our legislators in the passage of the act under discussion. The purpose of the act is clearly in the interest of public morals. It is not class legislation for it applies to all who may be engaged in a like business."

Letters to the Editor

A PATHETIC HUMAN DOCUMENT

Dr. William J. Robinson,

Dear Sir:—I am taking the privilege of writing to you concerning my troubles. I have read your book "Never Told Tales" and have heard of you so often in other ways that I think you may be able to help me out.

To begin with, my father was a rum-soaked, cigarette-smoking rummy and my mother died a harlot. I am the last child born to the pair, the fifth of my mother and the seventh or more of my father, he having married twice. My father died from consumption.

I am subject to melancholy fits as far back as I can remember, disgust of the worst kind. Very bashful. Continued wandering from place to place. Never satisfied. Subject to hatred for anyone at the least provocation. Without friends. I have the habit of masturbation. Drink occasionally and smoke cigarettes. But I swear I've known disgust of the worst kind long before I heard of the word self-abuse or before I smoked or drank. I thought my troubles were over after being released from an orphan asylum, but my faults seemed doubled in the whirl of life and a comfortable home with my cousins.

I have known joy at times, in fact often. I desire relations with women but I cannot be aroused upon approaching them. I am a dreamer. I see the beauty in life sometimes. I imagine I have a soul. But after ten hours hard labor the soul vanishes and everything else spiritual. If I had a revolver at times I would commit suicide, not fearing the hereafter, or God, or anything else. I find that law, religion and argument are all useless and they all have another side to them. I fear insanity most of the time.

So I leave it to you who have spent a lifetime working for the betterment of Humanity. I know that birth control is the only

prevention of my kind existing. I am willing to spend what little I make in rejuvenating. The slightest bit of advice you can give will be highly appreciated. Kindly state my doom emphatically, I fear not the worst.—

Yours sincerely,

B. B. B.

A HUMAN DOCUMENT: WHAT SHALL WE DO
WITH THIS BOY?

Dear Sir: I am a very passionate boy of sixteen years of age. Whenever I see a pretty girl, an obscene picture or read certain literature, I have a wild desire for woman. And the only convenient outlet which I found was, and still is, masturbation. I have masturbated from the age of twelve up to the present day.

I am pretty well versed in sex matters for a fellow of my age, I know that masturbation is self-abuse; that if indulged in to excess, its effect is very harmful, physically, mentally and otherwise. I am aware, that to stop the habit one must use his utmost will-power, must devote himself or herself to intellectual, athletic or social pursuits, so as to keep his mind away from sex matters, and yet, despite all my reasonings, despite the fact that I know I am harming myself, I "fall."

I have read many sex books (secretly of course, I couldn't get them otherwise) and from them, I know that intercourse is a cure for masturbation, but I realize I am too young to begin going with women, and so there I am, between two fires—one, that of masturbation, the other, that of intercourse with the danger of contracting syphilis or gonorrhea.

What can I do? It is all very well for you to say: "Use your will power; try to occupy your mind," but when I am so passionate that I can look with longing at my own sister, then your advice is practically useless.

P. S. I write this letter because you expressed a desire in your Journal of Urology to get data on masturbators and masturbation. My older brother, who is a physician, subscribes to your Journal and also to the Critic and Guide. One day he brought home your book on "Sexual Impotence." He refused to allow me to read it, thereby arousing my morbid curiosity. And in secret, I read your wonderful chapter on masturbation. It opened my eyes. I had a talk with my brother; all of which resulted in serious attempts on my part to break the filthy habit. And though I pit my Reason, Will and Brain against Passion, the latter always wins out! If this letter can be of any use to you, do what you will with it, but please do not print my name.

Yours sincerely,

A. K.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

AUGUST, 1916.

No. 8.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

THE LIMITATION OF OFFSPRING: BY ABORTION OR PREVENTION OF CONCEPTION—WHICH? *

By B. S. TALMEY, M.D., New York.

THE social problem of the limitation of the number of children is of modern date. Not that the limitation of offspring was not practiced at all times, among all peoples, in all countries. The interruption of pregnancy is of ancient origin. The practice is recorded in the history of the earliest nations. But at those times limitation of offspring did not constitute a problem.

In primitive society, among all nations, little value was placed upon the products of conception. During the period of historical antiquity, among the classic Greeks and Romans, children had no rights whatsoever, even after they were born; hence the exposure of children among the Greeks, and the "jus vitae ac necis," the right of the father over life and death of his children, among the Romans. On the other hand, among the votaries of the cult of the ancestors, such a thing as birth control was entirely unthinkable. Among them it was a matter of the highest pride and of the greatest happiness to have large families. Men and especially women would rather suffer death than be afflicted with childlessness. "Give me children, or else I die" (Genesis XXX, 1), says Rachel to Jacob.

Hence, while birth control was unthinkable among the Jews, among the Greeks and Romans, where even the born child had no rights, complete impunity for the practice of the destruction of the fetus in utero was a matter of course. The greatest philosophers of these nations recommended these means to get rid of undesirable offspring.

* Read before the Sunrise-Club, March 13, 1916.

Aristotle defends the practice of emptying the uterus of the fruit of conception, because the embryo is not human yet. Consciousness, he claims, which characterizes man has its entrance into the organism only with the first breath.

Plato teaches that the male embryo becomes animated on the thirtieth and the female embryo on the fortieth day after impregnation. Still he does not see anything criminal in induced abortion (*De republica*).

The sophist Empedocles maintains that the fetus becomes a living being only after birth with its first inspiration. The sophist Diogenes of Apollonia teaches that all beings are born without souls. They put on their souls only after birth. (*Plutarch Περὶ τῶν ἀρεσκόντων τοῖς φιλοβόροις* V, 15.)

Even in the Bible (*Exodus XXI, 22*) the fetus has not yet the rights of a human being. An accidental induction of abortion is punished by a fine, while accidental homicide is punished by banishment. At the times of the prophets, the fetus was considered an animated being. "Before thou camest forth out of the womb I sanctified thee" (*Jeremiah, 1, 5.*)

The Talmudists, probably influenced by the doctrine of Plato, put the moment of the junction of body and soul on the fortieth day after conception. (*Menachoth, 99^a.*) Still the induction of abortion is nowhere treated as a crime in the Talmudic jurisprudence.* Flavius Josephus, on the other hand, (*Contra Appionem*) claims that the Jewish law forbids the Jewish woman to destroy the fruit of conception.

The Roman law does not prohibit the destruction of the fetus. The Justinian law says that the husband has no rights to the fetus, because it is only a part of the mother, "portio vel pars viscerum mulieris." Only after the child leaves the womb has the father a right in suits for damages. This principle of the fetus because it is only a part of the mother, "portio vel pars of volitional abortion was widespread among the Romans. Tacitus (*Annalia, XIV, 63*) sees in this practice the cause of the decadence of the Roman empire. **

* R. Yismael (*Synhedrin 57b*) maintains that a Noahide is put to death for killing an embryo but not a Jewish citizen. In *Nidda 44b* the killing of an infant even of a day old, is murder, but not of a fetus.

** Two centuries after Christ, we find the first ordinances regarding abortion in the Roman law. (*L. IV, D. 47, 11* and *L. VIII, D. 48, 81*. Cited by Horch in the *Juristisch-Psychologische Grenzfragen*, Vol. VII. H. 4.) According to these regulations the unmarried girl and the wife with the consent of her husband were exempt from any punishment.

With the advent of Christianity a great change took place in the status of the fetus. Christianity teaches that the soul enters the embryo in the male on the fortieth day and in the female on the eightieth day after impregnation. From this moment, the embryo, as a *fetus animatus*, had its legal rights. The canonical laws put on feticide the death penalty, just as on homicide. The interruption of pregnancy before this moment, i.e., the destruction of the *fetus inanimatus*, was punished by a fine only.

The right of the fetus to life in the early laws of all the germanic European nations was based upon this Christian doctrine of the soul of the embryo. This legal standing of the embryo remained in full force in most of the penal codes, to the present day.

Of late years, there arose a certain rebellion against the sanctity of potential man. Three forces are working to bring the limitation of offspring into honor and repute. There is the love of luxury and the gospel of comfort among the rich. The bearing and rearing of children interfere with the social enjoyments of the parents, and this class has set up personal happiness as the goal of life. The will to procreate is also decreased among the middle classes and better artisans who through an increased refinement, possess a higher sense of responsibility towards their offspring. The spread of socialism among the labor class has brought more enlightenment to this class of people, and they have learned that a liberal number of children is not only a great drain upon their small income but that the greater the number of offspring the greater the competition will be among these children when they reach adult age. Restriction of child bearing thus accrues to the benefit of the child itself. Moreover a lower average birthrate means more vigorous mothers, small families mean more vigorous children.

In modern feminism another enemy arose against the potential child. The woman looking for a career sees in a large number of children a drawback to her aspirations. If the child means anything at all in a woman's life, says Ellen Key, she cannot allow another to have the affection, the care and the anxiety about it. She must give her own soul to this child even if it will interfere with her book, her picture, her lecture, or her research. In the conflict between the satisfaction of the claims of the member of the race and those of her own personality, she generally chooses the latter and refuses to bring up more than one, or at the highest, two children. Childbearing is thus evaded for social, economic,

and luxurious reasons. All these forces work together to keep the population of the modern world in due bounds.

The practice of birth-control is usually carried on either by way of contraception or by feticide. To the latter means resort especially all the unmarried victims who have been surprised by an extramarital gestation. In fear of dishonor and ostracism they use these means to cover their shame. Many married women also make use of feticide to get rid of the products of conception. In the consciousness of the people there is no difference between the desire to have no children and abortion. The moral aspect of feticide is entirely overlooked. The result is that in Manhattan and the Bronx alone about eighty thousand abortions are procured every year (*N. Y. Med. Record*, 1893, p. 691) and the number is increasing steadily. Only one out of every thousand cases is detected, namely, those which end fatally for the mother.*

The interruption of pregnancy comes in conflict with the laws of almost all civilized countries. The state, —i.e., the machinery of organized government, not the individual citizens, for even among the law-givers the majority practice the limitation of offspring—claims to have a vital interest in the increase of the population. Most of the European countries represent armed camps even in time of peace, and the larger the population the larger the number of soldiers and the greater the prospects of victory in case of war. Hence the laws in these countries are against any kind of limitation of offspring. While the religious principle, or the moral aspect of feticide, is the basis of the laws against abortion, the fear of race-suicide is the basis of the laws against any kind of regulation of the process of procreation.

The practice of the limitation of offspring clashes with all these laws, hence the agitation for the repeal of these laws, observed in almost all civilized countries. The Neo-Malthusians claim that the population increase must not be considered from the purely quantitative but qualitative point of view. Moreover, the experience of the ages shows that social currents cannot be hemmed in by statutes, or restricted by the police.* If the limitation of

* A special committee, appointed by the Michigan Board of Health in 1881, concluded that one-third of all pregnancies ended in induced abortion, that at least one hundred thousand volitional abortions occurred in the U. S. annually, and that nearly six thousand women died from the direct effects thereof (*N. Y. Med. Record* 1904, p. 489).

Prof. Lacassagne of Lyons (A. Dumas, *Thèses de Paris*, 1911-1912) has found in Lyons nineteen thousand abortions to eight thousand births annually in a city of only 450,000 inhabitants.

offspring has become the practice among all classes and all peoples, as the decrease in the birthrate in France, Germany, England and among the native-born in our country proves, it plainly shows that limitation cannot be suppressed by laws, and the penal codes of these countries ought to be in harmony with the social currents. A practice which is widespread among all classes, in spite of the legal, religious, ethical, and moral efforts for centuries to counteract, must be in harmony with the conscience of the people. If the laws against the limitation of offspring had sprung from the essence of the thing, or as Cicero said, "est hæc non scripta sed nata lex," the tide of volitional abortion would not have inundated the most progressive nations of the world, and the number of abortions would not be constantly on the increase.

How the people in this city regard the question of abortion is easily seen from the remarks of Vandiver (A. C. Vandiver, *Amer. Journ. of Obstetr.*, 1914, p. 1027 and p. 1035) and Krug. Vandiver tells of a case where the jury acquitted the operator because the abortion was highly successful, and that a successful abortion was a good thing. In ten years only three abortionists were convicted and all three were pardoned by the governor. Florian Krug was foreman of a Coroner's jury which refused to hold the abortionist in a case of death because the jurors did not believe in punishing anyone for a thing like that.

These few examples allow us to see things as they really are. They show the utter futility of the enactment of stringent laws by legislators who, on the average, have themselves no more than one or two children. Neither education nor moral advancement or social uplift will banish feticide from the world, if even ministers, who surely live on a higher plane, do not hesitate to ask their physician for a remedy to remove the product of conception in an unmarried victim of their parish and even in their own wives. The legalization of abortion seems thus to be entirely academic. The more civilization progresses the more frequent does artificial abortion become. And it is nowhere punished, because the operators are sheltered by the sympathy of the community. A jury cannot be expected to find a man guilty whose services the wives of many of the jurors or of the judge may some day need.

The limitation of offspring may be effected in four different ways. There is in the first place, the highly respectable, lawful and even honored device of celibacy and total abstinence. A con-

* In the middle ages the death penalty was put on the smoking of tobacco in some European countries, still people continued to smoke.

siderable part of humanity has surrounded this action with the halo of sanctity. An aureole is placed on the head of the religious abstainers. These celibates prove that total abstinence is compatible with perfect health. The nosology of the religious celibates, of the men or the women, does not in the least differ from that of any married man or woman. When a certain class of sexologists maintain that the repression of the sex-urge is the cause of a number of nervous anomalies they use the word sexuality with a certain vagueness of connotation and confuse it with sensuality. Sensuality is destructive, sexuality constructive. The sufferers from sexual repression are those living in the lowlands of modern sensuality. Only those shackled by an overpowering sensuality suffer by repression. The nervous tension and material congestion, stored up for days previous to the outburst, which represent the gross sex-urge, are consonant with the character of the stimuli applied. Where the gross sex stimuli are absent as in these religious abstainers, the internal sex-urge is reduced to nil. These abstainers are not tormented at all by passionate urges. Their sex-needs are not repressed as falsely asserted. Their sex-urge is almost entirely absent. They never have the full sense of desire.*

The natural impulses accumulated through the internal secretions find riddance in sublimation, i.e., in the exchange of the original object of sex for other higher objects. The higher aims are then the *equivalents* of the sexual voluptas, or of the sex-urge of ordinary mortals. The stored up nervous tension is vicariously discharged by being sublimated or transformed into energy in the service of great social ends, such as religion, science, art, charity or commerce. The primal impulses are switched into other forms of expression. They find their outlet in a kind of vicarious functioning. They take a psychic channel instead of the usual physiological. The sex energy is used in a different mode of expression. It is applied to the mental output. The brain-output of a Kant, Beethoven, Leonardo Da Vinci, Newton, Locke, Pope, Hume, Adam Smith, Goldsmith, Cowper, Macaulay, Herbert Spencer, all celibates, was due to sublimation of normal desire. Such men use up their sexuality in their work, which occupies their minds and satisfies the natural cravings. Their sexuality is not suppressed; it is merely directed into different paths and finds other forms of expression.

* We fear that our author is not familiar with the inner life of nuns, monks, hermits and saints. A study of their own confessions would quickly show him the erroneousness of his views. Editor.

But although total abstinence is thus feasible in normal men and women, endowed with moderate sex-needs, still for practical purposes, this device of celibacy or abstinence, in the interest of the limitation of offspring, is of negligible value. Very few will use these means to secure childlessness.

Another device for birth control is castration or sterilization. But here the penal codes in many countries step in and prohibit these operations. Even in countries where suicide, or the destruction of the entire organism, may be committed with impunity, the ablation or elimination of the genital glands for the mere sake of securing sterility is often forbidden by law. It is not prohibited to remove a healthy appendix, if the individual fears that it may cause him trouble on a long journey. But if one wishes to have his healthy testicles or her ovaries removed, the law steps in and forbids the operation. The organs belong to the state and not to the individual.

But this device of castration or sterilization is also of very little practical importance. Castration is a serious operation. It deprives the individual of very important organs. The elimination of the internal sex-secrections, the testines or ovarines, through the operation, deprives the individual of valuable tonics. Castration in the adult does not change any more the individual's physical secondary characteristics, but the mental characteristics do change. The castrated man becomes effeminate, and the castrated woman assumes the mentality of the virago. The other operation of sterilization is quite innocent in nature. The operation may be performed in the male within five minutes and in the female within ten minutes, and the patients may attend to their daily duties after a few days of rest. The operated men or women do not change their characters either in the sexual or in any other manifestations of life. They remain the same as before the operation. Still very few will undergo even this operation for the sake of procuring sterility. Because once sterilized, the individual is condemned to childlessness for life. The reparation, although theoretically possible, is no easy task.

Thus the two absolutely effective contrivances of procuring childlessness have no practical value. The other device for the limitation of offspring is the prevention of conception by mechanical or chemical means and by Onan's well known trick in sexual congress withdrawal. This unnatural congress reduces the male orgasmic intensity to a minimum, and the woman is entirely cheated out of

her climax, in the majority of cases. The love congress demands a certain degree of repose of mind, concentration of energies, direction of the idea towards the goal and intensity of attention. When the man is constantly reminded to be careful, all sentiment is destroyed. The couple's sex life becomes abnormal, masturbatic, and in the long run they both show all the symptoms of confirmed masturbators. The same may be said of the physical and chemical contraceptives. All the means resorted to, in order to prevent conception, spoil the libido and disturb the finer sensibilities of the couple. There is no method which will obviate the consequences of sex-life without some definite danger to health. The detrimental effects of the contraceptive practice are constantly being exerted upon the mental and physical organization of the couple.

What is still worse is that the unnatural congress as well as all the other contraceptives are rarely efficient, and the sacrifices have been in vain. All the various methods of prevention of conception are without exception inefficient. Robert Michels (*Sexual Ethics*, p. 262) tells of a friend who procreated every one of his five children, while using a different preventive measure. The propagandists of contraception in this country who give themselves the mysterious air, as if they, in their wisdom, have discovered absolutely effective contraceptives and are only prevented from imparting their treasured secrets by the legal obstacles, are only bluffing. They cannot divulge any more about these contraceptives than the greater part of the population has already tried and found wanting (B. S. Talmey, *Love*, p. 363).

Moreover the mechanical or chemical devices require a certain preparation, and preparation destroys the spontaneity. Now, spontaneity is essential to normal sex-life. Lack of spontaneity causes, if not absolute impotence in the male, at least a diminution of the intensity of libido, and sometimes renders both parties entirely impotent of experiencing libido. The healthiest form of congress is the automatic in which the participants forget all their hesitancy.

This need of preparation renders the mechanical or chemical contrivances inapplicable just in such cases where they are most needed, where a conception is nothing short of tragedy, namely in the unmarried victim. In the present state of sexual morality, no chaste girl will deliberately submit to be ruined, and very few decent men are so utterly conscienceless as to set out deliberately to ruin a girl for life. As a rule, where the mercenary motive is absent, the young people's object is innocent amusement. The

congress is a complete surprise to both of them. Preparation for them is entirely out of the question, they are not prepared for anything. The knowledge of contraceptives would hence be of no practical value in all these surprise cases of extramarital pregnancies.

The contraceptive propaganda is hence only a waste of energy. The propagandists may pat themselves on their backs over their wonderful achievement of having aroused a public discussion. But even if they succeeded in repealing the laws against contraception, it would be of little practical value.

The fourth device for the limitation of offspring is induced abortion. This operation is prohibited by the laws of all civilized countries, hence the agitation abroad for the legalization of abortion. These European advocates demand that every undesired pregnancy should be allowed to be terminated prematurely. They proclaim the right of the woman to apply for aid when in her judgment she deems it best not to have a child. There would be no danger to the woman, they maintain, if the operation could be performed openly in a hospital by competent men.

The advocate of contraception claims that by his device the induction of abortion will be eliminated and the destruction of life avoided.* But granted that absolute effective contraceptives do exist, contraception also destroys life. If the embryo is a potential human being, so is the ovum and spermatozoon. When does the viability of the products of the sex-glands begin? Here is the ovum. It has left the ovary and on its way through the tube has become, by the process of maturation, a gamete, i.e., marriageable, and is waiting for the spermatozoon to be impregnated. Both, the ovum and the spermatozoon, are living organisms and represent a potential man. If a barrier, be it mechanical or chemical, is placed between the two and a union prevented, then the spermatozoon is destroyed in a very short time and the ovum usually discharged during the following menstruation. A potential human life has thus been destroyed. If it be morally right to destroy

* The experience in Holland proves this theory to be false. In the report of Treub and Katharina von Tussenbroek, who were appointed to investigate this matter, the two investigators state that the practice of volitional abortion has increased in a disquieting way equally among catholics, protestants and jews (*Gynec. Rundschau*, 1909, Vol. III. H. 18). Now in Holland prevention of conception is not prohibited by law. They have there even societies to instruct every one in need how to prevent conception. Still abortion is on the increase. This shows that contraception does not eliminate abortion.

these two lives separately by contraceptives or onanism, why is it not right to destroy them after their union? Supposing the woman comes to her physician with the statement that one of her ova has been impregnated by a spermatozoon, a day previously, and that a zygote, or impregnated ovum, has been lodged in her uterus of which she wishes to get rid. Why should she not be allowed to cause the expulsion of this zygote, say by Apostoli's method, if she be allowed to destroy the two gametes by certain contraceptives? As far as the woman is concerned, the removal of the impregnated ovum at that early date by competent help is connected with less danger to health than the practice of contraception. There is no immune period nor uninjurious means to prevent conception.

But says the advocate of contraception, where shall the line be drawn? If the zygote may be removed, in the first days after impregnation, why not the embryo after the first or second missed menstrual period, the usual time at which the victim calls for the interference of gestation? If the embryonic destruction is allowed, why not feticide in the last months of gestation? The answers to these questions are given by different authors in a different way.

Dr. Lion (*Monatschr. für Kriminalpsychologie und Strafrechtsreform*, Vol. IV., p. 287) and Dr. Eduard v. Liszt, district judge of Vienna (*Die kriminelle Fruchtabtreibung*) would limit the time to the point when the embryo takes on human form. This would correspond with the end of the tenth week. Another author proposes to limit the time till the embryo begins to execute its own movements, commonly termed "quicken," about the middle of the fifth month.* Other authors advocate the repeal of all laws against abortion.

Hans Gross, the greatest criminologist on the European continent, says (*Archiv für Kriminalanthropologie und Kriminalistik*, Vol. XII, p. 345) "I think the time is not far remote when the induction of abortion will not be punished by law." J. Kocks (*Centralbl. für Gynaecologie*, 1912, Sept. 21st)** exclaims, "Away with the bad laws which create artificial crimes instead of preventing evil-doing, because they are directed against artificially created pretended wrongs. Away with the laws against the induction of

* This was the rule in vogue in England. Until 1837, under the common law, abortion done with maternal consent before "quickeing" was not considered a serious offence.

** Prof. Kock's article which created quite a *furore* in Europe was translated and published in *THE CRITIC AND GUIDE*, February 1913. Ed.

abortion. Let us return to the Roman principle "Fetus pars viscerum matris," hence she alone has the natural right of disposal over it." Dr. v. Sterneck (*Arch. für Kriminalanthropologie und Kriministik*, Vol. XXII, p. 73) and Albert Moll (*Aerztliche Ethik*) also demand impunity for volitional abortion. Von Hessert, first district attorney in Darmstadt (Oberstaatsanwalt v. Hessert in *Juristisch-psychologische Grenzfragen*, Vol. VII, p. 59) maintains that punishment of abortion in the first few months is at variance with the feelings of modern peoples. Therefore he advocates impunity for autoabortion. Only those who make a business of induction of abortions should be punished. Dr. Helene Stöcker (*Neue Generation*) asked the the opinions of six hundred scientists about the punishment of induced abortion, and of the one hundred and twenty who sent in an answer one hundred and eleven were for a radical reform.

According to the philosophy of these authors, the aim of all law and justice is the highest possible happiness of all citizens. Now, they ask, is, forsooth, in harmony with this aim of justice any law which orders a woman to carry to term a fruit conceived against her will, which forces her to make herself and this very child miserable and unhappy? The production of such a life seems to them to be a greater crime than its destruction. The right of woman to bear or not to bear a child is a fundamental human right of which only tyranny may deprive her. No woman, by natural right, can be forced to carry to term the unwelcome fruit of conception. The desire of the woman to rid herself of this fruit is not immoral. This desire may be out of harmony with the penal code, but it is in harmony with the laws of nature. Such a woman really renders a great service to society by refusing to bring into the world unwanted children. Her action is in harmony with higher morality.

Morality is the restraint of the instinct by the intellect. The primitive instincts which controlled the cave men are the same which control us to-day. The instinct to propagate our kind has been passed on to us unchanged from our arboreal ancestors. It is the characteristic of all living creatures to desire offspring. The first impulse of the normal human heart is to have a large progeny in order to secure a certain sure kind of immortality. But the intellect tells man that a large progeny is detrimental to the mother and to the very progeny, and he takes measures to check the number of his offspring. The control of the birthrate thus means

the arrest of the primitive instincts by the intellect and is essentially moral. It is a child of civilization. Civilization is also based upon the suppression of the instincts.

Induction of abortion is hence a moral and in no way an anti-social act. The laws punishing the same are founded solely upon the religious doctrine of the fetal soul. The presence on the statute books of such laws is hence justified only in a theocracy and is entirely out of place in a democracy. In every part of the social, domestic and political life of a democracy the welfare of the citizens, not of the machinery of the government, must be the predominant consideration. The foundation of all laws is the common interest—"Salus populi suprema lex esto"—, and it is of the greatest common interest to get rid of an excessive number of children.

The doctrine of the population-increase being of vital interest to the state is a false doctrine. It is quality and not quantity that really counts in economics as well as in war. Moreover a decrease in the birthrate is not incompatible with an increase of population. What counts is the number of children who survive,* and a decrease in the birthrate is invariably compensated by a decrease of the deathrate. If a woman gives birth to two children and both survive she has contributed a larger share to the population than the one who gave birth to half a dozen children, five of whom died early in life. These five dead children become an economic liability instead of an asset to the family and through the family to the community and the nation. The expenses of eighteen more confinements per thousand in Russia, are a great outlay saved in Australia. The eighteen more deaths in Russia represent a great economic loss. Every death is preceded by some sickness, and sickness is one of the greatest drains on the resources of the family. Child-mortality, therefore, represents a great public loss.

Moreover a lower average birthrate means more vigorous mothers, small families mean more vigorous children. The social end of marriage is the perpetuation of the physical and spiritual existence of the human race and its enhancement and improvement, both of which can be effected in a higher degree in a small family than in a large family.

* Russia has the highest birthrate, 45 per 1000 people annually, and also the highest deathrate, 28.3 per 1000 with an annual increase in population of 16.7 %. Australia has a very low birthrate, only 27.5 and a low deathrate 10.8. The annual increase is also 16.7, exactly as that of Russia (*Editorial North Amer. Review*, August 1915).

Besides these advantages of smaller families the great value of the increase of population to the nation is very questionable. The interest of the nation is rarely served by a large population. Celebrated economists such as Malthus, Roscher, Mohl, Wagner and others are of the opinion that a stationary population, such as in France, is of greater advantage to the people as a whole than a steady increasing population which benefits only two classes, the ruling class by furnishing an abundance of soldiers and the captains of industry by furnishing cheap labor. As far as the other classes are concerned the limitation of offspring is essential to the economic equilibrium of the nation.

The claim that in the interest of general morality the state must punish the emptying of the uterus of the products of conception is not supported by experience. In England till 1837 the interruption of gestation before "quicken" was not punished at all. Still any numerical, physical or moral degeneration was not noticeable there during the entire period of this impunity, while in France with her stringent laws and heavy punishments for the induction of abortion the birthrate is constantly on the decrease and the nation on the decline.

The objections that the state must protect the rights of the unborn child, that the fetus has a right to existence, that the embryo is a potential man, that the germ of a personality must be treated as a personality, are answered by the advocates of the legalization of the termination of unborn life that human personality begins with the first and ends with the last breath. After the latter the individual ceases to be a man and becomes a corpse and has no rights any longer. Before the first inspiration the fetus is only a part of its mother and has no rights as a separate personality. The fetus is entirely destitute of a separate existence. All the solid and fluid parts of the product of conception, such as the placenta, liquor amnii, and navel cord together with the fetus form one sole organism. The lungs and brain of the fetus are entirely inactive, and it lacks the main attributes of a personality, self-consciousness. The activity of the intestines, lungs and brain begins only with the first breath, and the human being quality of the child dates from that moment. Before that moment the fetus represents a paternal and maternal cell-complex only and depends entirely upon the vital functions of the mother. In the beginning of gestation the fetus represents an obligate and in the later months a facultative parasite upon the mother's organism.

It is growing in her at her body's expense. Hence she ought to have the right of disposal over this cell-complex or parasite. By this disposal she does not destroy a personality. She only hinders an imaginary child from becoming actual. The infant that may arise of the cell-complex is as yet non-existent. There is no doubt about the vitality of the cell-complex, but vitality is also a proper characteristic of the ovum or any other maternal organ that possesses an automatic function, such as the glands. Here is not the question of life but whether this vitality is possible if separated from the maternal vitality as a whole. This question must be answered in the negative. The vitality of the embryo is conditioned upon the maternal vitality through its incorporation into her organism. Hence if there be an innate right of the individual to the free disposal of his own body he surely has a right to the disposal of a part thereof. The deprivation of this right is the mob rule of the penal code, impertinently interfering with private rights.*

It is the duty of the state to see that no one should have the right of disposal over the existence of the person of another. But the germ of a personality is not a person, and the mother by the removal of this germ has not disposed over the personality of another but over a part of her own person. Hence she has a right to impunity for abortion, i.e., abortion induced by the woman herself. The sacredness of unborn life is only a fiction, invented in the interest of the population-increase by the state machinery, to conjure the unthinking to unrestricted breeding. Life is not sacred at all. In the scale of the animal kingdom, the arthropoda stand next to the highest class, the vertebrates to which man belongs. The fly, the cockroach and the unspeakable bed-bug of the class of arthropoda are highly organized animals. Still we do not hesitate to destroy their lives because it suits our convenience. NO! Life itself is not sacred, but human personality is. If the fetus is not yet a personality, its life cannot be sacred.

Hence the state has no natural right over the human germ. If the state had such a claim upon the germ of man in the interest of the population increase, then masturbation ought to be punished by law as the Biblical law punishes onanism.** If society really

* Mob rule does not consist in pogroms and lynchings only. The worst mob rule is the tyranny of the legislative body or of the judicial decision under the guise of law.

** "And the thing which Onan did displeased the Lord: wherefore he slew him." (Genesis XXXVIII. 9-10.)

has a vital interest in the increase of population, this interest is no less injured by masturbation and withdrawal. Even the venereal diseases should be put under the ban of the law. "Syphilis is the king of abortionists, gonorrhea the queen of sterility," said once a scientist. The politico-utilitarian reason seems hence to be only an after-thought in the defence of the anti-limitation laws. The real basis of these laws is not the population increase but the theological sophisms, transmitted from the middle-ages.

It has been said that abortion could be punished as an injury to the physical integrity of the woman. But if she has an inherent right of disposal of her entire body she has surely a right to self-injury. Autoabortion or feticide with her consent ought, therefore, to be exempt from punishment.

It was also said that it is the duty of the state to prevent any injury to the rights of others. But if the fetus is not yet a man* it cannot have any rights which could be injured. The woman ridding herself of her fetus is only injuring herself, and if by the laws, based upon Roman jurisprudence, attempts at suicide are exempt from punishment, self-injury should surely not be punished.

Here the Roman principle and the Anglo-Saxon principle part ways. The laws based upon the Roman principle show a great inconsistency. Every living organism consists of two parts, the mortal and the immortal parts, or the soma and the germ-cells. The mortal soma cells pass through a certain cycle, the period of growth, the stationary period and the period of decay and death. The germ cells, on the other hand, may escape death. The products of the testicles and ovaries have the faculty to survive.**

Now the Roman law allows the destruction of the entire organism by suicide. But when the immortal part of the organism, the testicles and ovaries, or their products, are concerned, the law steps in and prohibits their destruction. Castration, sterilization, contraception or feticide are forbidden even by the laws based upon Roman jurisprudence. This is illogical, and the European propagandists are perfectly logical in their demands of changing the illogical laws.

* This principle is recognized even by our own laws; feticide is not punished in the same way as homicide. The fetus has not the same legal standing as the newborn child.

** The descendants of Eve have all utilized a part of her ovary in the construction of their organisms. Her ovarian products still live in each one of us and they will continue to live until the end of time. "The immortality of the protozoon."

The Anglo-Saxon law, on the other hand, is perfectly logical. In harmony with the church, which even to-day punishes the suicide by refusing him the rites of the church, attempts at self-destruction are punishable. No one is allowed to destroy his own life, even if this life be ever so miserable and unhappy. Hence it is perfectly logical that nobody have the right to destroy with impunity the immortal part of the organism, the genital glands, by their removal, or their products by contraception or feticide.

Thus the European advocates of the legalization of feticide are perfectly logical in their demands, while the American propaganda for the repeal of the law against contraception is out of harmony with the philosophy of the Anglo-Saxon law. Where suicide is a crime, contraception or the removal of the products of conception, which may mean the destruction of countless future generations, could logically scarcely be committed with impunity. The agitation should hence be first directed against the anti-suicide laws. When they are repealed, then the anti-race-suicide laws may follow in logical sequence.

In conclusion the writer wishes to state that but for his amplification, the main features of the arguments in this paper may be found in the writings of the modern innovators of Malthusianism. The advocates of contraception look upon the question from the economic point of view and are mostly concerned in the checks to population. They maintain that a population of smaller quantity and better quality will be of greater benefit to the race than one of larger quantity and inferior quality. By free contraception they also wish to eradicate the destruction of budding life. The destruction of the two separate living sex-cells is in their opinion not against nature. With every ejaculation 200-300 millions spermatozoa are discharged, all but one must necessarily perish. The ovaries of the new born girl contain about 60 thousand ova. Of these 60,000 egg-cells no more than a dozen or two could ever reach their goal. The others will have perished by the time the woman has reached the climacterium. On the other hand, nature never kills the once united sex cells except in pathological cases. Hence abortion is contrary while contraception is, in a way, in harmony with nature.

The advocates of the legalization of feticide are, as a rule of the legal profession. They claim that contraception does not prevent conception. The best proof is that abortion is on the increase. It has existed since time immemorial, it exists now, and

it will exist. These propagandists are not so very much concerned in the restriction of the population. On the contrary, they are found in the militaristic countries, Russia, Germany, Austria, France, etc., where a large population is of a vast importance to militarism. But they have often to try cases of homicide of young women, caused by induced abortion. They are mostly concerned in the lives of thousands of young women who annually fall victims to the Moloch of abortion through the incompetence and neglect of the professional abortionists. The legal mind reckons with the "question of fact," and it is a fact that abortion is on the increase. So you may as well legalize it. If the operation could legally be performed in a hospital by competent men, the lives of thousands of young women could annually be saved.

Herein the writer begs to differ with the advocates of the legalization of feticide. He is satisfied that even legalization will not bring any great change in the personnel of the performers of the initial operation. Having lived the last thirty years in a medical atmosphere, he has learned to look upon the duties of the medical man from the sentimental and not from the strictly logical point of view, and his sentiments tell him that the physician's sacred duty is to preserve life and not to cause death.

Now, all the cavils about dependent life and separate personality may serve as a plausible excuse for the woman when she herself wishes to destroy a part of her anatomy, but for the physician, all the sophistries can not remove the fact that feticide destroys a potential personality. Granted that the fetus is a part of the mother like any gland or any other organ of her body, the fact cannot be denied that the gland will never assume an independent existence, while the embryo will be a separate personality after a comparatively short period.

Hence even if Hans Gross's prediction about the legalization of abortion on the continent of Europe should become true in the near future, it is the writer's opinion that even then the true physician will never lend his talents in the service of the destruction of life. The main benefit of legalization would lie in the after treatment. The initial operation is very easy anyhow. Thousands of women perform the same upon themselves. But the after treatment requires great skill which the professional abortionist rarely possesses and the autoabortionist never. Still as long as feticide is a criminal offence, the woman will hesitate a long while before she will reveal her secret to a competent man. Neither will

the professional abortionist consent to her consulting the proper man till it is too late. If the criminal aspect be removed, the abortionist himself would call a consultant in time to save the woman's life.

Legalization of feticide may thus save life and will never do any harm. The number of abortions can not increase to any great extent even after legalization. The number of women in the large centers of population, who did not undergo a couple of abortions during their sex-life is very small indeed. There is no use acting the ostrich and refusing to see things as they really are. The declining birthrate is a phenomenon in all civilized countries. The limitation of offspring has become a national institution not only in France but in all highly civilized countries, and the more progressive a country is, the farther has the limitation progressed. The cause is volitional restriction of the birth-rate, not as Herbert Spencer (*Principles of Biology*, 1899, Vol. II. Chapt. XII.) wishes us to believe that the fertility of the race diminishes with its intellectual and moral development. The diminished fecundity among the modern progressive nations is not biological but volitional. When we hear that among college-bred women, in our country, the birthrate has fallen below the necessary average, the reason of this phenomenon is not that the knowledge of the binomial theorem has any effect upon the ovaries, but that college-bred parents refuse to have a large progeny. Even the poor ignorant immigrants, in our country, decline to breed like rabbits. The same Irish or Jewish women who in their native countries, true to the tenets of their churches, were proud of their vast offspring, will try limitation as soon as they become somewhat americanized. We may, therefore, expect that with the spread of instruction and general education, limitation of offspring will reach the poorest sections of our population. Since contraception is not always effective—half a dozen accidents will surely happen in the life of every woman no matter what contraceptive she uses—the women who wish to avoid maternity will take their refuge in the artificial emptying of the uterus. Abortion will continue to increase and to exact an appalling toll from the lives of our women.

Now, according to the philosophy of our laws, legalization of feticide is unthinkable in this country. Hence some means must be found to enable the competent man to attend to the after-treatment of the unfortunate victims of the premature expulsion

of the impregnated ovum. Except in a few accidents, it is the neglected and incompetent after-treatment that kills. Under scientific competent after-treatment a fatal accident would be a rarity.

But scientific men show a great reluctance to treat any kind of expulsion of the impregnated ovum, whether induced or spontaneous. Except in a very few cases the differential diagnosis between a spontaneous miscarriage and an induced abortion is well nigh impossible even by a post-mortem examination. The patient will seldom reveal her secret to the gynecologist. She pretends spontaneity. She claims it was a miscarriage, it came on "by itself." When the specialist finds the patient with a uterine hemorrhage, with an abnormal temperature, or an offensive discharge, all these symptoms may proceed from a spontaneous miscarriage as well as from an induced abortion. Now, what is he to do? Notify the authorities? He may do a great injustice to the patient and her family and may have to defend himself in a suit for defamation. On the other hand, if he refuses to play the detective, and anything happens to the patient, he may be arrested on suspicion as the last attendant in the case, and if not arrested he will surely be dragged to testify before a coroner's jury, grand jury and petit jury and sustain a great loss in time and money. The surgeon is hence in a great dilemma between his duty to himself and family and to the state. The only way for him to escape this dilemma is to refuse attendance to any premature expulsion of the fruit of conception. The result is that all these patients, the innocent as well as the guilty, have to remain under the care of inferior men, and hence the appalling deathrate.

This state of affairs will not be changed until a way is found to amend the law that compels the physician to play the detective. His lips ought to be sealed as those of the priest of the confessional which no contempt of court proceedings can compel to open. Or the courts could accept in evidence his sworn report without dragging him away from his daily tasks. If the patient and the abortionist knew that the physician's lips are sealed, that he cannot betray them, they would not hesitate for a moment to call in competent help, and thousands of lives of our young women would be saved.

12 W. 123rd Street.

ABORTION OR CONTRACEPTION—EDITOR'S REMARKS.

Dr. Talmey has given us an excellent paper and it has given me pleasure both to read it and to publish it in the Journal. But it contains several statements which cannot well be permitted to go without criticism. The principal criticism must be directed to his putting abortion and contraception on the same plane. When he says that it is morally the same thing to *prevent* the spermatozoon from coming in contact with the ovum (or rather the oöcyte), and *destroying* the embryo after it is formed, because in each case a potential human being is destroyed, the reasoning can hardly be characterized as otherwise than sophistry.

For if it is morally wrong to interpose any barrier between the spermatozoon and ovum because the formation of a potential being is thus prevented, then *mere abstaining* from intercourse is just as wrong, just as criminal. Because in abstaining do we not prevent the formation of potential human beings? And if the mere prevention of the formation of human beings is morally wrong, then any man is a moral criminal who does not impregnate his wife from fifteen to thirty times during his married life. And any woman is a criminal who refuses to bear just as many children as Nature would permit her.

On the other hand, the objection to abortion *does* hold good, because it *is* an extremely difficult thing to draw the line. If it is perfectly right to remove a fetus which is one day, or one week, or one month old, why is it wrong to remove it when it is four or five months old? And why has the thing that is permissible at five months become a crime at eight or nine months? And if the destruction of a fetus at eight months while it is still in the uterus is permissible, why does its destruction when it is one day old and is out of the uterus a crime?

I repeat I am no more a hypocrite on the subject of abortion than on other questions, and I fully recognize that in many cases the induction of abortion is the lesser of two evils; but *an evil it is and always will be*, and he who will not see the difference between the *prevention* of the formation of a fetus by harmless means, and the *destruction* of the fetus after it has been formed, is blind indeed. The two are on two entirely different planes, the difference being not one of degree but of kind. To say that contraception destroys life is ridiculous and untrue. *Nothing can be destroyed that does not yet exist.* Nor is the statement that the ovum and spermatozoon are living organisms true. Before im-

pregnancy these are not living organisms; they are just cells, like any other cells in the body only highly specialized.

This is the principal weak point in Dr. Talmey's paper. There is one or two other points to which attention may be called. (1) I object to the statement that all means resorted to prevent conception spoil the libido and disturb the finer sensibilities of the couple, and that there is no method of contraception without some definite disturbance to health. This statement is incorrect. There are means of contraception which do not disturb the sensibilities or destroy the libido and are *absolutely devoid of any danger to health.*

(2). Dr. Talmey is against contraceptives because as he says, "All the various methods of prevention of conception are without exception inefficient." It would be interesting to know just what Dr. Talmey means by this statement. If he wants to give the impression that there is not a single contraceptive which is 100 per cent. efficient, then one may agree with him. But this is very far from nullifying the value of contraceptives. If a contraceptive is 99½ per cent. efficient then it may be characterized as one of the greatest blessings to humanity. That contraceptives are efficient *en masse* is sufficiently proved by the fact that in all civilized countries where contraceptives are in usage, the birth rate has been markedly diminished. It is sufficient to mention Berlin, where in 1876 the birth-rate was 270 per 1,000 married women, while in 1912 the percentage was 90 per 1,000 married women. This is certainly a tremendous showing, and is sufficient proof of the efficiency of contraceptive measures. As to individual cases, it is sufficient to state that we know of thousands of families who are using contraceptives regularly without a single mishap. When they decide to have a child they discontinue the use of contraceptives and pregnancy results. What more can one demand of a contraceptive? And to state, therefore, that even if we succeeded in repealing the laws against contraceptives it would be of little practical value, is to state something with which every rational and unbiased observer would disagree.

On the contrary, this would, as we have stated many times before, constitute the greatest progress towards the spiritual, moral, and economic welfare of the human race.

As to the author's remarks about abstinence, it would be easy to show their untenability, but as they are entirely irrelevant to the subject under discussion we will forego any criticism of them at this time.

Translated for the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

UNRECOGNIZED SYPHILITIC LESIONS OPERATED SURGICALLY AS CANCERS OR AS LOCAL TUBERCULOSSES.

BY PROFESSOR GAUCHER.

THE differential diagnosis of syphilis, cancer, and tuberculosis is given in all treatises of medicine and surgery. The distinctive signs of the syphilitic and tuberculous lesions and of cancer are apparently so well established in theory that it seems impossible for the diagnosis of these diseases to give rise to any error in practice. Nevertheless this diagnosis is at times very difficult, or at least it is very inaccurately made in a certain number of cases by surgeons supposedly of great experience and of excellent training.

Mistakes have been made in all stages of syphilis but they are especially frequent in the case of chancres, of gummatous infiltrations, and of bony and articular lesions.

Chancre of the penis has been operated upon for cancer, as illustrated in the following observation: Fifteen years ago a man of 55 years of age was presented to me as an operated case of recurrent cancer of the penis, the physician with whom he came adding: "For the past month this unfortunate man has been suffering, in addition, from a beginning cancer of the throat, or at least there are ulcerations of the throat the origin and nature of which I do not understand."

I commenced with an examination of the throat and found ulcerating syphilides involving the tonsils, the pillars, the posterior pharyngeal wall and even eating into the uvula. There was no submaxillary adenopathy. Rather surprised, at first, I continued my examination and found, in the region of the penis, a very extensive phagedenic ulceration, extending on either side, to the groins.

I then learned that the patient had been operated on four months before by Dr. X., a recognized surgeon, for a cancer of the penis. An amputation of the entire penis had been done, as well as a curettage of both groins, for the radical removal of the ganglionic mass. The operative wound had never cicatrized. Two months later there appeared lesions of the throat which kept on steadily increasing, and which, for the past month, assumed the character of rather deep ulcerations. A week ago, moreover, there set in an inflammatory condition of the right eye, which could be

easily recognized as an irido-choroiditis. With all these facts in hand I could readily reconstruct the pathologic history of this victim of surgery. A syphilitic chancre of the penis, unrecognized, either because of its depth, its extent, or its unusual appearance—I do not know which, because I did not see it—or else perhaps because of its mildness, or the inattention or ignorance of the surgeon; a chancre accompanied by bilateral enlargement of the inguinal glands. This unrecognized chancre, taken for an epithelioma—perhaps because of the age of the patient—is operated and radically operated, as has been described. The operative wound does not cicatrize and becomes a much larger chancre than the original lesion. At the end of two months, there appear mucous patches of the throat, and two months later an irido-choroiditis. Under mixed treatment consisting of injections of benzoate of mercury and potassium iodid by mouth, the lesions healed and the patient got well. But he has no penis, which is always unpleasant to contemplate, even at the age of 55 years.

I have seen another similar case, but this was less tragic.

Ten years ago a man of forty came to see me with a vegetating, bleeding, suppurating and purulent ulceration which had eaten away the glans and prepuce, and was accompanied by a bilateral inguinal adenopathy which was very large and painful. He denied all suspicious intercourse. His object in coming to see me was to have me recommend radium applications. The lesion resembled an epithelioma absolutely. Three surgeons who were consulted, one before and two after me, made this diagnosis, but luckily for the patient, refused all operative interference. For conscience's sake the patient's physician put him on antisyphilitic treatment and the so-called cancer was cured. It was an unrecognized chancre.

The same mistake has been made in the case of ulcerations of the uterine cervix, syphilitic chancres in this locality having been mistaken for epitheliomas and having been operated on as such. Here are two examples of this kind of error:

A woman entered my service for a generalized papular syphilitic eruption, with headaches, especially nocturnal. The diagnosis of secondary syphilis was positive. However, this patient had just come from another hospital where a surgeon had performed an amputation of the cervix for a "cancer," the operative wound having not yet cicatrized. The wound healed rapidly, the syphilitic eruption disappeared, and the headaches improved, under

the influence of mercurial treatment. This was a supposed uterine cervical cancer which was operated on, but did not recur.

A second similar observation: A woman entered my service at the Saint-Louis Hospital with a syphilitic roseola. She also came from a surgical service where she had undergone a treatment, the popularity of which is but recent, namely, with calcium carbide. As in the preceding instance she also was cured by mercurial treatment. This is another "successful case" which might be added to those of uterine cancer cured by surgery.

Syphilitic gummatous give rise to errors in diagnosis just as do chancres.

For example, are not operated epitheliomas of the tongue which do not recur, often unrecognized gummas? Here is a case which shows the possibility of making this error: A patient in my hospital service presented on the right side of his tongue, a painful bleeding ulcer, the seat of sanguous suppuration, with an indurated base. At the angle of the jaw, on the same side, there was a painful gland. This lesion absolutely resembled a cancer from its objective and functional signs. The patient had had syphilis but this fact was of no value in the diagnosis as there is no cancer of the tongue without a previous history of syphilis. I called into consultation, in turn, the three hospital surgeons, who all diagnosed, as I did, a cancer, and proposed operation. Despite this unanimity of opinion the patient refused operation and kept repeating, obstinately: "Since I've had syphilis give me injections, I don't want to be operated on." This was done, and after fifteen injections of benzoate of mercury the tongue was cured. Another instance where the patient was right and the doctor wrong.

It is for this reason that I have made it a rule, especially after this experience, invariably to prescribe a preliminary course of mercurial injections in every case of cancer of the tongue, even the most obvious, and it is only after the failure of antisyphilitic treatment that I consent to an operation which is always, sooner or later, followed by a recurrence.

I believe, furthermore, that there are syphilitic tumors of the breast which are taken for cancers. I do not speak only of gummas or of gummatous infiltrations which may indeed lead to error in certain cases, but which are, as a rule, correctly diagnosed. I have in mind especially those cases of unilateral or bilateral chronic mammitis the differentiation of which from cancer of the

breast is so difficult. I have seen this mammitis in a certain number of women who were either proven syphilitics or else suspected of the disease. These cases of mammitis, operated for cancer, do not recur, which is different from cancer of the breast the recurrence of which, sooner or later, after operation is almost certain, as in all cancers.

Just as chronic mammitis is common in syphilitic women, so is simple hypertrophy of the prostate common among syphilitic men. I have observed this for a long period. It is for this reason that chronic mammitis and prostatic hypertrophy do not recur after ablation.

The confusion of syphilis with local tuberculosis has more serious consequences, especially in the case of bony or articular lesions. For some time past I have been calling attention to the resemblance between the suppurating osteites and osteo-arthritis of tertiary heredo-syphilis and the tuberculous osteites and arthropathies.* Many of the suppurating osteites and chronic arthritides in children, regarded and treated as local tuberculosis, are in reality, unrecognized herédo-syphilitic lesions. In fact, in children treated for tumor albus, or for coxalgias, or for spina ventosa, or for bony suppurations, in any region, I have very often been able to find undoubted dystrophic stigmata of hereditary syphilis or a positive Wassermann reaction, sometimes both at once.

Suppuration is not limited to tuberculosis and cannot be regarded as a distinctive feature of that disease. One sees too much of the idea that "hereditary syphilis is hypertrophic, and tuberculosis of the bones is suppurating and destructive." As a matter of fact, as I have shown, after having observed it many times myself, *hereditary syphilis of the bones may be suppurative just as much as is tuberculosis of the bones.*

It is because of their ignorance of these facts (unknown as well to physicians) that surgeons have for years incised and curetted cases of osteitis and osteomyelitis which could be cured, and which, in fact, I have often cured after long years of unavailing surgical treatment, with mercury and potassium iodid. It is

* Gaucher: Les ostéites suppurées et les ostéo-arthrites de l'hérédosyphilis tertiaire. *Annales des maladies vénériennes*, No. 1, Aug. 1915. Les ostéopathies de l'hérédosyphilis quaternaire (with Levy-Bing). *Annales des maladies vénériennes*, Jan. 1908.

La dactylite osseuse suppurée syphilitique. *Annales des maladies vénériennes*, June, 1910.

unnecessary to repeat at this point certain convincing cases which have been given in detail in several previous publications. I wish merely to add this: Before being regarded and treated as a tuberculous lesion, every case of osteitis and tumor albus in a child should be made the subject of a minute study, including careful interrogation of the father, performance of the Wassermann reaction, and the search for stigmata which may reveal the presence of hereditary syphilis where it was not suspected at first; and finally, every such suspicious case should be subjected to the therapeutic test with mercury and iodides. This treatment before being given over as useless, should be continued with perseverance and uninterrupted for several months for it often takes very long, in these bony, and especially articular lesions, to produce appreciable effects.

But it is not only in the case of hereditary syphilis that these mistakes have been committed and are still being committed every day. There are also cases of tumor albus in the adult which are the result of acquired syphilis and which are wrongly treated as tuberculous tumor albus, and even operated on as such. I have seen two cases of amputation at the thigh for unrecognized syphilitic arthropathies of the knee,—two victims of the habitual ignorance of syphilography.

The first case is that of a woman who was admitted to my wards after her discharge from a surgical service where she had undergone an amputation of the thigh for a tumor albus of the knee. This patient came to be treated for a patchy tuberculous syphilide of the shoulder of six months' duration. The arthropathy of the knee for which she had been operated was of only slightly longer duration, dating back ten months. The woman was 35 years of age and had been syphilitic from her twentieth year. Specific treatment readily cured her of her cutaneous syphilide, as it would have done, undoubtedly, of her tumor albus, had the nature of the latter process been recognized.

The second case is still more instructive. A woman, aged 30 years, entered my service for an arthritis of the left knee. She had had her right thigh amputated two years before, for a similar arthropathy, which was considered a tumor albus. She had just been sent to a surgical service where they wanted to amputate her second thigh! Before resigning herself to become a legless cripple, this unfortunate woman, who was aware of her previous syphilis and who had been treated for this disease a dozen years ago, was anx-

ious, at least, to try a course of specific medication and it was for this reason that she came to us for treatment. The patient was wiser than the surgeon, for she escaped operation and was cured rather quickly by the usual medication of her new arthropathy, as she should have been cured of her original tumor albus had she been subjected to appropriate treatment.

As a result, I cannot recommend too strongly to all my colleagues, in all bony or articular lesions of tuberculous appearance, in children and in adults, and even in many tumors, apparently cancerous in appearance, to perform a Wassermann reaction, and, especially to apply the therapeutic test with mercury, before making a positive diagnosis and before giving up the patient to the surgeon. I myself have often been in doubt and have even regarded as tuberculous or cancerous, lesions which, contrary to all expectation, readily healed under mercurial medication.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

INJURIES OF THE FEMALE SEXUAL ORGANS CAUSED BY ABSTINENCE.

By A. THEILHABER, M.D.

The great majority of women and girls endure sexual abstinence without injury to their genital organs; anatomical lesions are usually not caused by abstinence. Among the minority of women, the nonsatisfaction of the sexual impulse is the cause,—now and then—of temporary *functional* disturbances in the region of the genitals, the most frequent of which are discharge (leucorrhea) and pains in the back and abdomen. The discharge must be traced to the hyperemia of the genitals, chiefly of the uterus. Here the lesion is not a genuine endometritis, but only a hypersecretion caused the transitory congestion of the genitalia. The discharge is temporary only, chiefly before and after menstruation, and on some days is altogether absent. I treated two girls who told me that after having made a liaison the discharge improved and disappeared regularly for several days after intercourse. True, both were cases of very nervous girls—certainly, nervousness also is a cause which not seldom may produce temporary hypersecretion of the uterus. It is possible, that once in a while, perhaps, also a tendency to excessive discharges of blood during menstruation may be produced by hyperemia which had its source in abstinence. However, cases which prove this are not known to me.

There are gynecologists who maintain that endometritis, oophoritis and metritis are caused by abstinence. These assertions may, perhaps, be explained by the following circumstances: Until the most recent time the definition of the diseases endometritis, metritis, oophoritis, etc., was not correct. The exceedingly numerous physiological variations of the structure of the mucous membrane of the uterus, of the muscular layer of the uterus, of the ovary, etc., were not known. Consequently, many variations of the normal texture were termed endometritis, oophoritis, etc. Not till the last years when my work was published which was corroborated by the investigations of Aschoff, Hitschmann, Adler and others, have the numerous variations in the normal structure of the internal female organs become known. As a result the great majority of gynecologists have begun to define the "anatomical disturbances" differently than they did in the past.

Apart from the leucorrhea, now and then there appear *pains in the back and the abdomen* and, again, principally among girls and chiefly during the time which antecedes or accompanies menstruation; these pains may disappear for several days, and evidently are caused, now and then, by the non-satisfaction of the sexual impulse.

As to the disposition to the formation of *tumors* in the genitals, there are certainly differences between women who have born children and such ones who have not. It is not known whether in the latter category there is a difference between abstinent women and such ones who have intercourse. Myoma of the uterus is more frequent among nulliparae than among women who have born. However, it is more frequent among women who have given birth to few than among those who have given birth to many children. A difference between the abstinent nullipara and the nullipara who has relished the joy of love is not known to me.

It is expedient to divide the *carcinomas* of the uterus in those of the cervix and those of the body. Of one hundred carcinomas of the uterus about ninety originate primarily in the cervix and ten only primarily in the body. The carcinomas of the cervix are percentually by far more frequent among women who parturiated often than among those who parturiated seldom. Among sterile women they are very seldom percentually. Evidently, many of the cervical carcinomas are of a traumatic origin and caused by the contusion of the cervix of the womb.

It is not known whether in this regard abstinent nulliparae

differ from non-abstinent nulliparæ. Cancer of the body of the womb is comparatively more frequent among nulliparæ than among women who bore children. This is not necessarily connected with the possible abstinence, for carcinomas of the body appear mostly among women who are quite old (beyond the climacterium). Now and then, chronic (principally gonorrhreal) inflammatory processes may cause sterility in youth, and then carcinomas at an advanced age.

The percentage of carcinoma of the breast is somewhat larger among nulliparæ than among women who gave birth to children; and somewhat larger among women who did not nurse than among those who did. These differences may be connected with the better development of the mammae in consequence of the more frequent pregnancies and deliveries.

The influence of lactation would be still more striking if mastitis which now and then goes with lactation, did not counteract its favorable influence, by increasing the disposition to carcinoma. That abstinent nulliparæ are affected with carcinomas of the breasts more frequently than others in very improbable.

By far more unfavorable than sexual abstinence is the conjugal union with men who are suffering from certain forms of sexual neurasthenia with a tendency to precipitate ejaculations and a considerably reduced potency. This form of neurasthenia is extraordinarily frequent among men of the educated classes. Among such women the consequences of an insufficient satisfaction after sexual irritation, are usually more frequent and vehement. Quite often they complain, principally after an unsatisfactory coitus, of pains in the back, in the abdomen and of leucorrhea. Among these women, of course, masturbation is quite common.

THE QUESTION OF SEX IN INFANTILE MEDICINE*

BY E. APERT, M. D.

Physician to the Andral Hospital, Paris.

From time immemorial physicians have recognized the importance of sex in pathology.¹ Certain diseases are peculiar to,

* I am glad to publish Dr. Apert's paper, because it delivers another blow to the erroneous notion, that children are asexual beings, and the sex instinct becomes manifest at puberty only. W. J. R.

¹ Hippocrates laid it down (Aphorism VI, 29: *Γυνη οὐ ποδαγρια, ἡν μὴ τὰ χαταμῆνα αὐτὲν ἐχλιπη*) that is to say: women never have gout as long as they menstruate.

or very predominant in, one sex. Such, in respect of females, are chlorosis, goitre (70 per cent), chorea (75 per cent); Graves' disease; simple ulcer of the stomach (70 per cent.); rheumatoid arthritis and renal ectopia (25 per cent). In males on the other hand we get gout, progressive muscular atrophy (80 per cent), and a number of familial diseases such as hemophilia and atrophy of the retina, only to mention a few of the best known. We are aware also that men and women react differently to the same disease. Women support chronic diseases better, they are less robust but have more resistance and react less powerfully but often more effectually.

In opposition to what is often taught it is not only after puberty that these differences manifest themselves. They are present from earliest childhood, possibly less pronounced but still obvious. The phase of well-marked sexual differentiation which begins at puberty merely emphasizes differences which are already existent. Doubtless these sexual differences are, so to speak latent in the child but this is due to the quiescence of the sexual organs. We must not forget however that this quiescence is not quite complete for as a matter of fact, not only in childhood but even in fetal life, we meet with noteworthy differences according to sex. As soon as the fetal heart becomes audible it beats more rapidly in the female than in the male infant. This difference however is too small to assist us in the *ante-partum* diagnosis of sex because it is less than the individual difference. It is confirmed however if, instead of taking the individual case, we establish averages. A more constant difference is that bearing on weight and length. On an average, boys at birth weigh 150 grammes more than girls. The average length is 50.5 centimetres for boys and 48 centimetres for girls. This difference is not due to better conditions of nutrition leading to the birth of boys and *vice versa*, on the contrary, throughout the animal and vegetable world abundance and good quality of food yields an excess of females. In the human species itself statistics show a marked excess of male births in poor countries and those ravaged by war and famine or inhabited by a population which is gradually disappearing, like the Maoris, while daughters are in the majority in rich, well-fed peoples, reaching its maximum in England. It follows that external conditions tend rather in favor of greater weight on the part of the female and as in reality they are smaller this must be due to a difference of

nutrition in relationship with the difference of internal secretion of their genital gland. Now at birth the difference between the two sexes does not bear solely on size and weight, there are morphological differences, slightly marked as yet, but unquestionable. If we place a series of newly born infants side by side on their bellies so that they are only seen from the back, the genitals being hidden from view, and try to distinguish the boys from the girls, though we shall not invariably guess right, I for my own part have been correct in 80 per cent. With another object in view Le Damany brought out these differences in a more direct and concrete manner.¹ In studying the pathogenesis of congenital dislocation of the hip, in order to ascertain whether the suggested pathogenesis afforded an explanation of the greater frequency of this congenital lesion in girls, he took numerous very exact measurements of the diameters of the pelvis in the newly-born of both sexes, and he arrived at the following conclusions:

"Girls have the pelvis markedly everted below and the cotyle is almost vertical. The pelvis of boys is narrower at its lower aperture and wider above and the cotyle is more inclined downwards than that of girls. The antero-posterior thickness of the trunk opposite the anterior superior iliac spines is markedly greater in girls than in boys, the antero-superior spines are more prominent in girls than in boys, the ischia are more widely separated in girls, the average twist of the femur is 34° in the male sex and 37° in the female sex." It will be seen therefore that there are noteworthy sexual differences even at birth. After birth the sexual differences tend to become more and more pronounced. We know that soon after birth there is a "genital outburst," shown histologically by changes in the testicle and in the ovary in the direction of spermatogenesis or ovogenesis, and, clinically, by local and constitutional phenomena." This "genital outburst" of the newly born² is curious enough to warrant our dealing with it at some length. Within the first few hours that follow the establishment of extra-uterine life the ovary presents an increase of size with vascular congestion. The cells of Graafe's follicles undergo active proliferation and we can even detect the beginning of ovarian formation going, it may be, as far as dehiscence of the follicles and shedding of ova. In less marked cases the follicle does not rupture and after the period

¹ LE DAMANY. *La Luxation Congénitale de la Hanche.* Paris, Alcan 1912.

² RENOUF. *La Crise Génitale et les Manifestations Connexes chez le Fœtus et le Nouveau-Né.* 1 Paris, Thèsis 1905.

of increase comes a period of retrogression and atresia. Sometimes several follicles undergo these changes at the same time but at different degrees of maturity. The uterus is hyperemic, the mucosa is congested and this congestion often culminates in an effusion of blood into the cavity of the uterus. In exceptional cases (6 cases out of 221 female infants: RENOUF) there is actual metrorrhagia and when the child is undressed we find on the linen a brownish stain or possibly some blood clot with blood still oozing from the vulva. This sanguineous discharge may persist for 36 or 48 hours.

In boys the testicle is the seat of similar changes; it is intensely congested, the cells of the seminiferous tubules undergo proliferation shown by figures of kariokinesis. The prostate increases in size and its cavities are filled with viscid secretion. Clinically, the testicular congestion is accompanied by increase in size of the organ and the effusion of serum into the tunica vaginalis. This may be small or considerable in amount constituting what is known as vaginal hydrocele of the newly-born. This hydrocele attains its maximum between the tenth and the twentieth days and, as a rule, disappears in the course of a few weeks.

This "genital outburst" is accompanied by constitutional phenomena suggestive of puberty.

In respect of the skin there is exaggerated secretion of sebaceous matter which forms a greasy white deposit in the cutaneous folds. On the face, especially on the alæ nasi, the glands become filled with sebaceous matter forming little white spots embedded in the epidermis (sebaceous miliaria of the newly born). At the same time a fine down comes out all over the body, known as LANUGO, more particularly on the extensor surfaces of the limbs and on the trunk, in the middle of the back along the spinal column. This very fine down, as a rule lighter in color than the hair, is shed in the course of a few weeks. The forehead sometimes becomes covered with short fine bristles, darker, coarser and stiffer than the down. These also disappear in three or four weeks.

Lastly, in the infant girl as well as in the infant boy, we witness a swelling of the breasts which is only lacking in very tiny or very weak new-born infants. On and after the second or third day of extra-uterine life we can feel underneath the nipple the gland the size of a cherry kernel; its size increases during the first week and in the course of the second week the gland spreads out over the pectoral region, attaining possibly from ten to twenty

millimetres in diameter which is a good deal on such a small thorax. After the fourth or fifth day, the nipple can easily be made to ooze by gentle pressure giving issue to a drop of whitish serum. Towards the eighth or tenth day a milky fluid oozes away on the slightest pressure and in some cases lactation is copious enough to yield eight or ten cubic centimetres of fluid. In such cases analysis shows the chemical composition of the fluid to be identical with human milk in full lactation period (APERT and BUCAILLE).¹ The secretion persists during the first two or three weeks, then subsiding while at the same time the prominence of the mammary gland diminishes and soon becomes imperceptible.

In short, the activity of the genital glands manifests itself at this age by phenomena analogous to those which will be displayed later on at puberty: growth of hair, sebaceous hypersecretion and mammary activity. The only difference is in the distribution of the growth of hair which is general and not limited to particular areas, and in the existence of the mammary outburst just as marked in one sex as in the other whereas at puberty it is fugitive and slight in the male sex.

At the end of a few weeks of extra-uterine life the genital outburst subsides, the testicle and ovary return apparently to a state of quiescence along with the organs which they had stirred up: breasts, sebaceous glands and hair follicles. Nevertheless the action on the organism of the genital organs is far from negligible. It is an unpardonable error to write, as has been done, that the infant is asexual. No doubt ovogenesis and spermatogenesis are arrested, at any rate the cellular proliferation slows down and does not culminate in anything, but the tissue of the genital glands none the less goes on secreting, at any rate in respect of its internal secretion. As a matter of fact the differences between the little boy and the little girl are becoming more and more pronounced, so much so that, long before puberty, boy and girl have become two very different beings, differing morphologically and also, and especially, functionally and psychologically; indeed, differing even pathologically. Those who talk of the coeducation of the sexes can never have looked at boys and girls together except thru the tinted spectacles of their beautiful theories. A parallel education is conceiv-

¹ APERT et BUCAILLE: Hypertrophie mammaire et sécrétion lactée abondante chez une nouvelle-née, analyse du lait. Soc. Méd. des Hôpitaux de Paris, March 26, 1908, p. 42.

able and even desirable, but the difference between the sexes is far too great for uniform education to be practicable.

Let us define these differences. To begin with, they are morphological. As she grows the little girl remains smaller, lighter, of more delicate texture than the boy of the same age. Her limbs are more finely shaped, the contours of her body are more rounded and even at this stage the adipose layer is comparatively more developed whereas in the boy the muscular system is the more important. The features from the second, indeed even from the first, period of childhood are softer, more rounded and the hair is longer and finer. Pediometric measurements reveal important differences: the head is comparatively smaller in the girl (BONNIFAY), the shoulders more sloping, the back more rounded, the waist narrower, the pelvis wider and shallower. The abdomen is more prominent as are also the buttocks, the thighs are more oblique, the hands and feet smaller.

The physiologic and psychologic differences are even more pronounced. The girl-infant utters her first expressive words and begins to walk on an average two months earlier than the boy (eleven months instead of thirteen). She is less turbulent, more reflective, more cautious. By the time she reaches two or three years of age her habits and ways of thinking differ profoundly from the other sex. This is why they do not play the same games. These differences become more and more marked as they grow older, the boy's mind is full of soldiers, mechanical toys, aeroplanes, etc., whereas the girl only thinks about hats, dresses and dolls. At six she already displays *womanly* and even *maternal instincts*, her individuality asserts itself much earlier than that of the boy. She displays more fixity in her desires and obstinacy in her tendencies and this is why girls are more difficult to educate in common (school mistresses of mixed schools have remarked it).¹ This too is why she is more amenable to individual education, at any rate at the hands of an intelligent teacher who knows how to adapt herself to the individuality of her pupil. Speaking generally, allowing of course for the great divergencies between different subjects, girls have a better memory, more taste, more mental delicacy, sharper wits but are less able to grasp abstractions and generalisations or to view things as a whole. It is easy to render their

¹ This statement will hardly meet with general acceptance. The consensus of opinion of our American school teachers seems to be that it is much easier to handle a class of girls than a class of boys.—Editor.

knowledge more extensive but do what we will it remains more superficial. In short, these differences are, in the main, the same as those which, later on, we remark between men and women when in one the ovary and in the other the testicle are in full working order.

It is therefore not surprising that the two sexes should from childhood on display different pathological predispositions. We are aware that more boys die than girls, so much so that the excess of male births (1045 as against 1000) gives place by the end of the first year to an excess of females, and this goes on increasing. Tetany too is said to be more frequent in boys and convulsions in girls. But the influence of sex is particularly well marked in respect of chorea. Sanne's statistics show that out of 165 cases 131 were girls and only 34 boys, a fact of some importance, confirming what has previously been said that its predominance in the female sex is not more marked only in bigger children. Sanne's statistics show that it exists from the beginning. Here are his figures:

Under 6; 5 boys, 22 girls (81.4 per cent).

From 7 to 10; 13 boys, 53 girls (80.3 per cent).

From 11 to 14; 16 boys, 56 girls (71 per cent).

As will be seen, they even show a more marked preponderance in the female sex in children under ten than over that age. This preponderance exists and is even more pronounced under six. We are therefore justified in stating, in respect of the liability to chorea, that the preference for the female sex is shown at least as much in childhood as at adolescence.

It is consequently indisputable that from childhood onwards certain diseases display a preference for a particular sex without any adequate explanation being forthcoming on the ground of collateral circumstances (environment, habits of life, etc). No, this predominance is due simply and purely to sex *per se* independently of any other cause. With regard to diseases that affect one sex as much as the other a difference is also to be noticed between these manifestations in the boy and in the girl respectively. It is true, gastro-enteritis, broncho-pneumonia and the eruptive fevers, only to mention the diseases that account for the greater number of deaths during the first few years of life, do not appear to behave differently in little girls than in little boys. Statistics however go to show that boys and girls in the first year of life react differently to disease since for an equal population 121 boys die for every hundred girls.

No influence can be invoked to explain this excess of deaths except a lesser resistance to disease.¹ Boys are not less well tended than girls, on the contrary, in certain classes and in certain countries, the birth of a boy is always looked forward to while the birth of a girl causes disappointment, yet the higher rate of male mortality is common to all latitudes, the boys dying in larger numbers than the girls. In this connection here are the official figures published in the "International Statistics" of the French Minister of Labor (L. March, editor).

Deaths of children under one year. The coefficient of mortality among boys contrasted with that of girls, taking the latter as 100:

France	121	Sweden	123	Bulgaria	114
Belgium	120	Russia	113	New South Wales.	118
Netherlands	121	Germany	120	New Zealand	124
Switzerland	123	Austria	118	Uruguay	112
England	123	Hungary	117	Japan	110
Denmark	124	Italy	111		
Norway	122	Servia	110		

The author calls attention to the fact that the lowest figures (below 120) come from countries in which the infant mortality is highest. This fact can be explained on the ground that in these countries numerous children of both sexes, though born with ample powers of resistance, succumb to unavoidable grave infections. The excess of mortality, due to a feebler resistance on the part of the male sex towards less acute affections, is thus attenuated. But even in countries with a high infantile mortality the excess mortality among male children invariably exceeds ten per cent. In the others it rises to from 20 to 24 per cent., which is enormous and shows clearly enough that the influence of sex in pathology is much greater than simple clinical observation would lead us to expect.

This influence indeed persists and makes itself felt during the period from 1 to 4 years of age as shown by the following figures taken from the same source.

Annual Deaths according to Sex (children from 1 to 4), year 1910:

¹ It has been asserted however that as boys are usually bigger than girls at birth they are more liable to obstetrical traumatism during labor. This however would only account for the excess of mortality during the first few days of existence whereas the excess persists throughout the first and second periods of childhood.

	BOYS	GIRLS		BOYS	GIRLS
France	16738	16593	Italy	54520	52951
Belgium	5009	4783	Spain (year 1907) ..	43883	41537
Netherlands	3965	3633	Servia (year 1909) ..	9443	9367
Switzerland	1638	1542	Bulgaria (year 1907) ..	8984	8282
Gt. Britain and Ireland	30058	28305	Roumania (year 1903) ..	13775	13671
Denmark	911	791	U. S. (State of Maine ..	369	349
Norway	901	799	— — Michigan) ..	1434	1297
Sweden	2502	2209	Australia	1488	1297
Russia (year 1906) ..	341515	292214	New Zealand	259	219
Germany	47419	44790	Uruguay	899	854
Austria	36172	35593	Japan	69058	68805
Hungary	36176	35847			

It will be seen then that in all countries many more boys die than girls between 1 to 4 years of age. This is all the more remarkable seeing that, at this period, the population everywhere comprises more girls than boys. In the subsequent period (5 to 9 years) this excess becomes less marked and during the periods 10 to 14 and 15 to 19 gives place to an excess of female mortality which may be explained by the earlier age of puberty in females, this being a critical period. After 20 years of age the total mortality remains definitely lower among females in spite of the risks entailed by pelvic affections, pregnancy and labor and this too notwithstanding the preponderance of females in the population.

Admitting that in early childhood it is very difficult by mere clinical observation to make out any difference in the way the female and the male organisms respectively behave in presence of disease this does not hold good with regard to bigger children. In the latter we find a tendency to differences of the same kind as those met with in the two sexes in adult life. The boy reacts more violently to disease and is more rapidly knocked over, he also does not recuperate as quickly when the illness takes a favorable turn and does not resist as long when suffering from a chronic affection that terminates fatally. From a psychical point of view the boy is less impressionable, less concerned about his future, he is not as cautious and requires to be carefully watched in regard to minor matters and the carrying out of the treatment. These of course are differences in the aggregate and we must reckon with very many different individual tendencies. From this point of view there are boys who are girls and girls who are boys, but speaking generally, the fact remains that the psychic influence of the doctor, his soothing words, his encouragement and his injunctions (allowing for individual differences with which the family doctor is of course familiar) should be modified somewhat according as he is dealing with a boy or girl. For the former, brief

injunctions appealing to his amour propre, or even his honor, even mild chaff; for the latter we need not hesitate to give our advice at greater length, going into details and explanations. As for treatment and posology I do not think the foregoing considerations need to be taken into account with regard to the sex of the patient. We might possibly be disposed to administer somewhat larger doses to boys for a shorter time and *vice versa* for girls. But these are trifling differences in presence of the indications to be drawn from the individual state of each patient and we shall be guided more by our clinical sense.

However this may be, it is not without interest to show that from infancy onwards and in early childhood the influence of sex is manifest, as shown by well-marked differences in the proportion of deaths.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

PSYCHOSEXUAL TRAUMATA AND THE CHILD

BY E. S. SHEPHERD.

LET me confess right here at the beginning, it may ruin my reputation, but it has to be admitted; I am a follower of Freud or think I am, which is just as bad. In a general way every one who dips into sex must sooner or later become a Freudian—usually with mental reservations. Being a Freudian is like being a Darwinian, one accepts as much of Freud's doctrine as his experience in life enables him to appreciate. In reading over the foreign sex-journals one is struck by the number of writers who begin a paper with a statement of profound disapproval of Freud and then whenever his data or inferences will bolster up their own hypotheses, steal from him without an apology. From which it may be inferred that our Viennese professor has hit upon and developed a very pregnant hypothesis.

Unfortunately, in any branch of science, there is always the danger of mistaking the leader's hypothesis for a full and final explanation of all things, mundane and other. One is apt to overlook some of the simplifying assumptions upon which the hypothesis is based and to generalize or specialize somewhat too hastily. The reader may recall Fiske's celebrated deduction as to how the rattlesnake came by his rattles. Fiske probably thought it good science. Or we may cite a case from one of the *exact*

sciences: When van't Hoff brought out his work on solutions it became easily possible to compute the atomic weights of elements from their effect on the boiling temperature of dilute solutions. There were not lacking those who applied the formula with more frequency than discrimination. Thus from some work on amalgams one scientist computed that the atom of sodium must be dissociated into 'something' of half the atomic weight of the element. Other and more careful students showed that while his arithmetic was sound, he had ignored one little assumption used in the formula which assumption was not negligible in this particular case. When suitable correction was made the figures fell once more into line and the world was spared the horrible possibility of having its table salt acquire dubious and perhaps explosive properties. This little example from the field of *exact* science may serve as both a warning and a comfort to those of us who have been at times alarmed and puzzled by some of the deductions of the Freudian school. What they say may be absolutely true and yet not cover the whole of a situation.

And for that reason I hope one may be pardoned if while paying the highest tribute to the genius of Freud and the industry of his pupils, one still refuses to "view with alarm," and insists that a certain amount of humor may be allowed even to a follower of the prophet. Surely the Freudian doctrine is no dogma any more than is the Origin of Species, with which many of us class it, and in science one may doubt, reinterpret, or utterly deny any tenet of the creed if only he keeps his mind open for new data, new inferences.

Thus it happens that when one reads some of these papers on the proper handling of childhood as the Freudians see it, one may be permitted a few mental reservations as well as not infrequent smiles. Tannenbaum's paper on Sexual Abstinence and Nervousness, in the June issue of THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY, is so clear and courageous that it may be a bit impertinent to criticise some passages. For the most part it squares with the conclusions of every unbiased investigator, but when he cites the influences to be avoided lest we initiate psychosexual traumata in children one feels somewhat bewildered. One is reminded of the beginner in bacteriology.

It usually happens that the more excitable students are terrified on first acquaintance with bacteria. These little creatures are so virulent, so fecond, and so omnipresent, that it seems a miracle

for any of us to be left alive, and it really is. What happened was that we ignored the fact that a *tendency* does not necessarily proceed to its logical conclusion. It usually excites a counter-tendency. A trip through the slums will usually restore the student's sense of perspective. In a similar way it is obvious folly to become so fearful of inducing psychosexual traumata that one is afraid to do anything at all. Dr. Tannenbaum is doubtless fully aware of this, but some of his readers may not possess his faith.

If one takes any one of the prohibitions which he mentions it seems on the evidence to be thoroughly justified. Some nervous wreck has had just such an origin. But the prohibitions taken altogether! What is left for the poor child but to acquire meningitis and die as soon as possible? Life is much too perilous a journey for him to risk and suicide would seem a welcome relief. For example: The parents must never allow the child to see them naked, nor while exercising their excretory functions. Yet they must not appear to conceal anything from the child or imply that there is anything to conceal! The growing boy is to be carefully supervised in his play. Rough play, wrestling, tree climbing, etc. are prohibited, but then, sitting long over his book is likewise taboo! Exciting stories involving cunning or cruelty are to be shunned, but the nervous strain of overstudy—presumably of non-erotic subjects like arithmetic—is also destructive. Remembering the fetishists one has doubts about tatting. Frankly, I give it up. It can't be done.

Perhaps the solution lies in the opposite direction. I say "perhaps" because I find myself greatly bewildered. So far as we know the animals seem to develop reasonably sound nerves without the privacy of bathrooms and in spite of precocious sexual games. True, they have few conventions and take sexual gratification whenever and wherever they can get it. Perhaps they have no psyche to be traumatized, or is it..... Anyhow, they seem to be quite shameless and to have good nerves. Furthermore many of us have been through many of the evil influences enumerated and while we may be more or less neurotic we manage to get quite a little out of life. That the race will perish from a degeneration of its nervous system seems quite possible. I confess to little worry on that score. That our children should suffer neuroses due to our ignorance seems criminal and we should be grateful for the psychiatrist's warning. Nevertheless it may be that prophylaxis rests less upon avoiding these infantile traumata, than upon the

inhibitions which act on the adolescent. One wonders what would happen if every child had normal intercourse from the time its sexual appetite appeared. I have known a few such cases and observed no obvious neuroses, quite the contrary. But I can not tell whether their health was due to free intercourse or to an unusually well balanced temperament which had from the beginning accepted life as it came along without feeling any obligation to conceal or to apologize. There are also plenty of neurotics who have been sexually active since childhood. We seem as much puzzled as our old friend Master Launcelot Gobbo, there being about as much evidence one way as another. To make matters worse, we can not go far in our speculations without landing among the most scandalous conclusions. Little wonder then, that some scurry back to the church for an anesthetic, only to find the ether-sickness even worse.

The final emphasis of the Freudian school seems to fall upon the importance of intellectual and spiritual honesty in the conduct of life. The marvellous cures which have been effected were apparently induced by the simple process of teaching the patient to be honest with himself. Is it not possible therefore, that these psychosexual traumata are to be avoided, or nullified, by maintaining from birth the habit of being honest about life? In brief, the Freudians have demonstrated with convincing detail that old proverb which all of us learn though we seldom practice it; that honesty is the best policy. Nor is it any wonder that we give ourselves the luxury of so healthful a maxim with such moderation, since its logical conclusion would give old Mrs. Grundy hysterics, and as every one knows hysterics is "catching."

And now for my apologies. In commenting on Dr. Tannenbaum's article I mean to imply no lack of respect. His paper is an admirable summary of that which, sooner or later, we have got to swallow. Much as I approve of his main thesis I have ventured to poke fun at certain paragraphs where he summarizes, with admirable brevity, inferences which are widely scattered through the Freudian literature. I tremble to think of the torture in store for some poor child whose fussy, "scientific," mother undertakes to rear him on such a schedule of prohibitions as the good doctor has given us. I confess that every one of those prohibitions has eloquent proofs behind it, and yet I come out with but one feeling which in the vernacular is, "me for the tall timber."

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

WAR AND THE SEXES—A REPLY

BY A PHILOSOPHICAL BACHELOR.

THE article on War and the Sexes by Miss Ellen Key in *The Atlantic Monthly* for June was not intended as an appeal to bachelors to get busy and do something to relieve the deplorable condition of women which was described therein with so much fervor, but as a matter of fact the presentation which she makes of the present social condition and prospects of the young women of Europe, which is evidently sincere as well as serious, makes the strongest appeal of that kind which I have ever seen. All the other good arguments for marrying are met with the obvious reply. "There are always plenty of people who want to marry and who do marry, and those who do not are either more interested in some other direction or else they are waiting for a better opportunity." If Miss Key is right it would seem that bachelors are rather recreant, and also losing wonderful opportunities to make happy marriages. From such a large number—"millions"—it would seem that all tastes could be suited, all reasonable expectations satisfied and all rational marital hopes realized. As I read Miss Key's picturesque words there appeared before my imagination such a paradise of opportunity as should warm the cockles of any man's heart. It was a fascinating fantasy, but was it not the product of an *idée fixe* rhetorically expressed by a specialist in the literature of love rather than a conclusion to be drawn by any logical process from the known facts?

Miss Key implies that she is describing the typical young woman and not the exceptional one who was born for love. But the typical unmated girl ought to be found in America as well as in Europe. The difference would be in the relative numbers. Is not single blessedness as distressing for a woman in America as it is for her sisters in Europe who have the poor but real consolation of belonging to a very large class who have jeopardized or sacrificed their dearest hopes in a noble effort to save their country? Whatever the answer to this question we are confronted with another which is fundamental. Is it distressing or deplorable at all for either a man or a woman to be unmarried? No absolute novelty can be claimed for this question, but the fact that no answer has ever been generally acceptable must not be overlooked. Is it not

a fact that women, as well as men, who remain unmarried do so for the reason that they are satisfied to let well enough alone rather than tempt Providence, or try luck, in a very dubious venture in which initial mistakes are irreparable? My own observations in many different states of this country have led me to this conclusion.

Marriage is generally recognized as the ideal relation for a man and woman who are adapted to each other not only in person and character—physical, intellectual and moral—but also in social and economic condition, provided they are supremely attracted to each other and can not be satisfied to live apart. Doubtless there are various advantages and correspondingly various motives, in forming the relationship. Do not American girls generally give so much weight to the economic advantages of a prudential marriage that they will not seriously consider other advantages, and so force the impartial observer to the conclusion that marriage for the woman is not a necessity,—not even a luxury—but rather a stepping stone or door of escape from some tiresome occupation or uncongenial surroundings? This rather sordid and mercenary view of the subject has impressed me particularly in listening to the conversation of girls with one another, where I have heard such sentiments repeatedly and emphatically expressed, but I never heard them rebuked or criticized by the hearers.

One young lady remarked, "I would never marry if I could earn as much as one thousand dollars a year." Another one said, "I don't care anything about a man unless he takes me out and spends money on me." Another said, "I would never marry unless I could better my condition." The speakers were fairly representative of girls in American cities. The first one, who belonged to an excellent New England family, was educated in a famous college and held a position as a public library assistant; the second was an Irish-American who had a permanent position with a manufacturing company; the third was a German-American who had held for a number of years a clerical position in a great insurance company. In each case the speaker was evidently serious and received the apparent approval of her sisters and other girl friends to whom the remarks were addressed. An artistic young lady, who had never tried self-support because her father had a small business, speaking to some married friends assured them that her expectations of a home were very moderate: she would be satisfied with ten thousand a year.

Now it is really of great social importance as well as ethical interest that the marriage motives of women generally should be known. Some bachelors feel they are under no moral obligation to serve as stepping blocks to a woman's ambition or as a means of escape for any woman from the kind of work which he is doing himself and which he expects to continue to do whether married or unmarried. Some thoughtful bachelors even wonder why the women should have stepping blocks and escapes any more than the men; they wonder what the women would say of their men friends who should openly profess such reciprocal sentiments as I have just quoted. Some bachelors think they would like to marry if they could find the right woman who would be disposed to do as a wife even a part of what a man is expected as a matter of course to do as a husband. In other words, they think of marriage as an equal partnership, but they do not seek such a partnership, because they realize that such an idea of marriage is approved only by feminists—and the feminists seem to be very scarce in America. If the women's colleges would take a marriage-motive census by an anonymous questionnaire, and then publish the results, it would be very illuminating. I have no doubt that among school girls in their teens love would generally be mentioned first, because the other things are then taken for granted, but among self-supporting young women the expression might be very different.

The fact is, Miss Key has made some bachelors feel very uneasy; she has pricked the bubble of our content, but she has not convinced us that she has fairly stated the case. Moreover, she has failed to tell us very definitely where to find the kind of woman she describes. "All over Europe" is scarcely adequate to guide even a persistent Dr. Saxton in search of a wife. If some one would compile a registry on the subject it might be very useful. I live in a place that has been appropriately called "The Bachelors' Paradise," but we are open-minded and open-hearted on the subject of improving our environments. We are accustomed to think of marriage as a dispensable luxury.

Somebody really ought to start a society whose motto would be "Independent though married," and whose members would not regard marriage as a means of escaping self-support. If these are the ideas of young women in Europe one would suppose that they would welcome the present unprecedented opportunities which are open to women there to enter upon all kinds of

business and professional activity, and so establish themselves in lucrative positions before the competition of men is again a restraint to their careers. From the feminist standpoint the present time is certainly a wonderful opportunity, and when the war ends there should be literally millions of women holding positions which no doubt they admirably fill at present and which they should not think of relinquishing to any man. Many of them will be in circumstances to choose a husband if they want one and to support him if he requires it. Temperance and some other reforms have received a tremendous impulse from the war, but of all progressive movements a conservative type of feminism should be the one to make the greatest gain.

If Miss Key is correct in her expression of the feelings of marriageable women some people would like to have the evidence of it. Let us have more light on the subject.

It is a question whether the typical European woman (assuming there ever is a typical woman) would prefer as a matrimonial partner, a native hero who is "not all there"—to be supported, or an American bachelor, whole and sound, who might be interested in an equal partnership. It really seems as if women generally go to one extreme or the other. They are either altruistic saints who want to sacrifice themselves, or they are selfish somebodys who want some man to sacrifice himself for them. And the worst of it is the two varieties appear so much alike under ordinary circumstances that they can not be distinguished by an inexperienced man. Sometimes they are both in one, and alternate so rapidly from one to the other that a man can't be sure he is acquainted with his own women relatives. A conservative feminism should indicate the Golden mean between the two extremes, and also provide men with some test whereby they can judge of what women really are. The welfare of society and the perpetuation of the family require both altruism and self-seeking in the individual, where they are needed in proper combination; but as these qualities approach their limits—pure and unadulterated—they cease to be useful except as literary material.

The institution for which I have been doing some editorial work has several thousand employees, and they have the pleasant custom, on the announcement of the approaching marriage of one of their number, of circulating a subscription through the office to give the young couple a substantial expression of good-will and helpfulness. As I was writing this article I was interrupted by the

presentation of such a subscription blank announcing the pending nuptials of two employees. In this case, as has often happened before, they are to marry each other, and so there was only one subscription to be made. Having appended my name as usual I wondered if it were needful to ask whether precedents had been followed in this case by one of the parties to the new partnership resigning, and if so which one. If the partnership were to be an equal one it seems to me that either both should resign or neither; otherwise they might draw lots.

A few days ago in an important business meeting I sat beside a charming young married lady who proved herself to be eminently qualified to advise on the difficult financial problem which confronted the meeting. I inquired for her husband whom I had not seen for a long time. She answered,

"He is at home taking care of the children. We are without a maid at present and take turns in staying at home."

Such a family ought to be a model.

Editorial Notes

PSYCHOANALYSIS AND THE FREUDIAN PHILOSOPHY

Psychoanalysis and what has come to be known as the Freudian philosophy will occupy a very prominent place during the next ten years. Freudism contains some truths of the utmost importance to the race. It also contains falsehoods. It is important not to overlook the truths because of the falsehoods it contains; it is important not to reject the Freudian philosophy *in toto* because certain parts of it are in our opinion untrue and excite our antagonism. I consider it an important task to attempt to separate the wheat from the chaff, the true from the false. With this object in view we will publish a series of articles presenting this Freudian philosophy in all its phases, from the point of view of the convinced disciple; then a series of comments will appear, pointing out the untenability of certain of the Freudian claims. I feel certain that this series of articles will prove highly interesting and instructive.

The first series of articles will be from the pen of Dr. S. A. Tannenbaum, than whom no man in America is more competent to expound the Freudian theories. Not only is he a thorough Freudian, not only is he fully familiar with everything that has been written by Freud and his disciples, but he has the rare gift of pure and unequivocal English. He not only knows his subject, but he knows how to make it clear to his readers. The first article of the series will appear in the September issue.

BACK COPIES FOR JOURNAL OF SEXOLOGY.

We have a great demand for back copies of The American Journal of Urology and Sexology which we cannot fill. If there are any readers of the Journal who do not bind or save their copies we would be glad to pay them 25c each for any of the following numbers,—February, March, April, May and June, 1916.

For any copies of The Critic and Guide for April and May, 1916, we will pay 10c each.

Payment may be obtained in cash, in books, or in advanced subscriptions.

Miscellany

PROSTITUTION AND MENTAL DEFICIENCY

The publishers have been nauseating us with the details of the mental deficiency or even imbecility of the prostitute. The truth will finally come out, however, and even the cheap reformers are beginning to change their opinions on the subject, just as they have changed their statements about the average length of life of the prostitute being four to five years. The following item is from The American Social Hygiene Association Bulletin for January:

"At a conference arranged by The American Social Hygiene Association in Chicago, Dec. 15, 1915, Dean James R. Angell of the University of Chicago presided, and papers were read by Dr. William Healy of the Psychopathic Laboratory of the Juvenile Detention Home, Professor Robert H. Gault of Northwestern University, and Dr. H. C. Stevens of the Psychopathic Laboratory of the University of Chicago. It was pointed out that scrupulous care must be used in estimating the mentality of any person, and that the proportion of mentally deficient among the prostitute group has been considerably *over-estimated*."

If it didn't sound too revolutionary and too shocking, we would venture the statement that class for class the prostitute is of at least as high a mental calibre as her sister from the same social stratum.

Indoor and sedentary life is very hard and unnatural for young people, whose very nature is activity during this transition period. The chief need of the soul, then, is incentive to psychic activity, to bring and to keep it in the state of slightly perfervid activity that belongs to it. If the school is uninteresting, monotonous, its methods mechanical, its atmosphere dull and lifeless, then its influence can be probably on the whole more pernicious than any other. Therefore at the very dawn of this age there should be a distinct change in subject-matter, methods, perhaps in the school, possibly in the sex of the teacher, and if sex segregation is desirable, this is the time when it should begin. But these are details. The great fact is that our youth are not inspired and without inspiration there is no genuine youth, and inspiration is the great regulator of sexuality during its developmental stages.—G. STANLEY HALL.

If we except infants-in-arms, and a few invalids and very old persons, the whole of our race is subordinated to the phenomena of sex as a means of suffering or a means of joy.—ROBERT MICHELS.

Among all the varied manifestations of human life, it may be said that sexuality is the only one with which all are familiar, and in regard to which none are altogether incompetent.—ROBERT MICHELS.

This instinct, in such cases, stands firm like a column amid the ruins of a pagan temple, the rest of which has been destroyed in the passage of the years or by the devastation of war. This instinct is the one which remains active when all other psycho-physical manifestations are dead or dormant.—ROBERT MICHELS.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

SEPTEMBER, 1916.

No. 9.

Contributed to the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

PSYCHO-ANALYSIS.

Definition, Technique and Mode of Action.

BY SAMUEL A. TANNENBAUM, M.D., New York.

Psycho-Analysis Defined.—Psycho-analysis is a science as well as an art. As a *science* it deals with all those phenomena that may be regarded as the manifestations of unconscious mental activities in human beings. Psychology, as the term is generally employed, means the science of the conscious mental activities. Unconscious mental activities differ from conscious mental activities in several very important respects besides that of being unconscious *i.e.* going on without the individual's cognizance. A very brief definition of "psycho-analysis" is "the psychology of the unconscious." A number of very prominent psychologists have denied the existence of the "unconscious." They say that all psychical processes are conscious processes and that there are no psychical processes which are not conscious. But assertion is no proof. Most modern psychologists, especially those who have been sufficiently fair-minded and unprejudiced to consider the facts presented by psycho-analysts, admit the existence of unconscious mental activities. The conviction that there are unconscious psychic activities forced itself upon some psychologists even before the days of psycho-analysis. Our reasons for the belief in the unconscious are numerous and convincing and will be presented in detail in a future study. For the present we will take it for granted and refer the general reader only to his own recollection of how many things he himself did for which he could give no better explanation than that he did them "unconsciously." Like the Darwinian theory and the atomic theory of the constitution of matter and the theory of the universal ether, and other scientific theories, the conception of "the un-

conscious" is founded upon the application of logical principles to the explanation of a large number of empirically obtained facts which cannot be explained in any other way than by the assumption of such unconscious psychic activities. I dwell upon this now because the unconscious is the basis on which psycho-analysis as an art is founded. If the existence of unconscious mental activities can be disproved our whole theory falls to the ground.

As an art psycho-analysis is the application of the teachings of psychoanalytic science to the investigation of the unconscious mental activities of human beings, especially those who suffer from that large class of distressing ailments known as "psychoneuroses" or "nervousness." The most common of these ailments are the many forms of hysteria (muscular, sensory, emotional, etc.), phobias of all sorts (e. g. the fear of being alone, fear of darkness, fear of crowds, fear of thunder, fear of knives, etc.), obsessive acts (i. e., muscular twitches of small or large groups of muscles) and obsessive thoughts (e. g., an obsessive belief that one has committed a crime that he has not). These cases are most frequently spoken of by general practitioners as "neurasthenia" or as "psychastenia." Psycho-analysts, following Professor Freud, reserve the term "neurasthenia" to a class of cases presenting a certain group of symptoms as a sequel to excessive masturbation. These cases are really very scarce; they are not cases for the psycho-analyst. Another very large group of cases that come under the notice of the general practitioner and the neurologist but which are not true psychoneuroses, though they are mostly described as being "hysterical" or "nervous," are those who suffer from what we call "apprehension neuroses" or "actual neuroses." These are all cases of unsatisfied sex hunger; they are the men and women who suffer the consequences of some form of contraceptive coitus (e. g., c. interruptus, c. condomatus, c. reservatus), or of frustrated sexual excitement or of inability to satisfy the sexual urge (e. g., widowhood, bachelorship in a very religious man, etc.) These patients are not benefitted by psycho-analysis unless, as is very often the case, they are also hysterical or psychoneurotic. Mixed cases, i. e., apprehension neurosis combined with psychoneurosis, are the rule, but pure cases unquestionably occur.

Psycho-analysis is not merely a method of investigating the psychoneurotic patient's mind for the purpose of making a diagnosis and differentiating the condition from an organic disease or from a psychosis, but is also *a method of treatment*. The

successful investigation of the neurotic symptoms cures them. How psycho-analysis does this is the subject of this paper. A measurably full explanation of the psychology of the evolution of a psychoneurosis i. e. the explanation of how a psychoneurosis is brought about, will be given in subsequent essays. In this paper I shall explain only as much of the theory as is necessary to an understanding of how the cure is brought about. I shall also give a simple and brief description of the technique of the method, i. e. how to do it.

Fundamental Principles.—As a result of the patient labors of earnest and conscientious psycho-analysts the world over, especially Freud, Stekel, Ferenczi, Sadger, Rank, Pfister, Jones, Hitschmann, Putnam and others, we have reached the following important conclusions: that the symptoms of the psychoneurotic are the psychic or somatic manifestations of the workings of the unconscious mind; that they are the expression of unconscious "complexes" dominating the soul; that these "complexes" (a term coined by Jung and retained for convenience) are desires that the individual has "repressed" (i. e. forced out of his consciousness) because they are in conflict with his ethical, moral or religious concepts. (To simplify matters we shall define a "complex" as a motif or motive;—a lover's conduct in his daily life, e. g. the disposal of his leisure hours, will be determined by his "love complex"; a politician's vote, even on important matters, will be determined by his "political complex" more than by his reason, etc.) All ordinary individuals, i. e. all but geniuses and criminals, try to live up to the standard set for them by the community, to be like others, to approve what others approve and to condemn what others condemn. The psychoneurotic individual is one who tries to do likewise but for some reason unknown to him cannot. He feels that something is wrong; he cannot be and do what society says he ought to be and do. Society says that it is wicked, criminal, unnatural, irreligious, monstrous to have certain desires or impulses which he feels he has and which he therefore finds painful and which he consequently strives to force out of his mind, to consider as non-existent, i. e. he tries to "repress" them. (Caution: to "repress" is a wholly different process from to "suppress,"—the latter term means to conceal, to refuse to divulge.) As long as he is conscious of these forbidden, though natural, desires he is at war with himself, he is in a state of mental conflict. Note, by way of example, the fearful state of mind of Brutus (in Shakespeare's

"Julius Caesar") after he consented to join the conspirators to assassinate Caesar, or the state of mind of Macbeth after the weird sisters have suggested to him the murder of his king. Our future psychoneurotic is in a similar quandary. He differs from the criminal in that he lacks the courage to commit the evil deed, to satisfy his forbidden desire. He fears himself, his conscience, the vengeance of the community, his God. He hates the evil things he desires because he wants to think well of himself and wants to be well thought of by others and wants to go to heaven. So he strives to force the evil thing out of his mind. But these impulses and desires are instinctive, natural, and crave to be satisfied; they may be expelled from consciousness into the secret recesses of the mind, but they are not destroyed; though they are leashed, they are continually struggling to be free, to be satisfied. The host must be constantly on his guard against his unwelcome guests and when he has forced them out of doors he must continually keep the door barred against them. This requires a constant watchfulness, a constant expenditure of psychic energy. A patient, a girl of 17, told me only yesterday that while she is at work she is constantly thinking that she must not permit herself to think of the imagined crime she had committed,—of having forged her employer's name to a note for \$50,000.00! Another patient, a young man of 22, told me to-day, of being constantly on the alert against the idea of pollutions entering his mind. These neurotics are all conscious of the fact that they are not themselves,—as if someone else were master of their minds. And just as soon as they are off their guard, especially in sleep, the repressed complex manifests itself, either as a symptom or a dream. The more intelligent the person is and the more reprehensible the desire that he is repressing, the more disguised will the symptom or dream be. The ejected intruder seeks re-entry into consciousness in disguise. All this will be explained when we discuss the formation of dreams and symptoms.

Historical.—Until recently the psychoneuroses were the despair of physicians. No one knew what hysteria is, how the patients came by it and how they could be cured of it. For centuries it was believed that hysteria was a disease of women only and that it was due to the wanderings of the uterus about the body; that is why the disease was called "hysteria," "hystera" being the Greek word for "womb." Other equally absurd theories have been entertained from time to time. But during the past

forty years neurologists and psychiatrists have come to the conclusion, now generally accepted, that hysteria (really all the psychoneuroses) is a psychogenic disease, i. e. that the symptoms of the disease are the results of ideas, and that these ideas are of a strongly emotional nature. But this knowledge did not result in much practical good to the patients. Even to-day the general practitioner and most neurologists are helpless in the presence of all but the mildest cases of hysteria. They still recommend cold baths, rest cure, change of climate, ocean voyages, massage and disgusting medicines, and when all these fail they send the patient elsewhere. That is why the psychoneuroses have been very appropriately called the step-children of medical science. The patients were regarded as malingerers, base deceivers, who were more entitled to the whip than to sympathy. But to-day all this is changed. About 1880 Dr. Joseph Breuer, a name that will live forever, had a hysterical girl under his care in whom he took a genuine human interest and was thus led to make certain observations which he imparted to his friend and colleague, Dr. Sigmund Freud, the most brilliant thinker of modern times. Together they studied the symptoms of their hysterical patients and finally reached certain conclusions which they published in a monograph, "On the Psychic Mechanism of Hysterical Phenomena" (1893).

The conclusions these two pioneers then announced may be briefly summarized as follows: that many hysterical symptoms are brought about by the occurrence of a strongly emotional idea in a person while he is in a somnolent condition; if the emotion is not discharged or disposed of in the normal way it transforms or translates itself into bodily or mental symptoms; a cure can be brought about by helping the patient to recall to memory the forgotten idea and the circumstances that gave rise to it and thus enabling the patient to give vent to the pent up emotion. Freud expressed in the formula that the patient suffers from reminiscences. The forgotten traumatic situation was recalled to the patient's memory by putting her (or him) into a hypnotic sleep and asking her (or him) to concentrate on the commencement of the particular symptoms under investigation and to tell everything he (or she) saw and recollects. In this way the patient lived over again his past and, when aroused from sleep, was acquainted with what had been brought out and given an opportunity to give vent to the long-repressed emotions in speech and action. This method of treatment, called by the first patients "the talking cure"

or "chimney-sweeping," was termed by the illustrious discoverers "the cathartic method" ("katharos" being the Greek word for "pure;"—purification by speech). The essentials of this theory were the conception of a psychic trauma, the hypnotic (somnolent) state, the repression, conversion of the affect (emotion) into bodily or mental symptoms, hypnotism and abreaction through speech. Breuer went no further than this. Freud, however, continued his investigations and found that the matter was not so simple as they had thought, that some patients could not be hypnotized; that some patients could not or would not remember painful experiences even though they were hypnotized, that even if they recalled any such incidents in the hypnotic state they professed to know nothing about them afterwards, that in many cases no traumatic incidents could be determined and that some of the so-called traumata (shocks) were not at all shocking to some patients. These investigations led him to new and far-reaching conclusions and led to the evolution of a new method of treatment —without the aid of hypnotism—the method of psycho-analysis.

The Technique.—Psycho-analysis is a very trying, difficult and technical procedure. The rules of procedure have not been systematized and every analyst must learn the technique for himself. Experience is the best teacher; printed instructions are of no more value for successful practice than corresponding rules are to a surgeon. Combined with actual practice the hints thrown out by such writers as Freud, Ferenczi and Pfister are of the greatest value. Unless one can read these writers in the original or in good translations we would advise him not to meddle with such a delicate instrument as the human soul, especially a diseased human soul,—certainly not until he has himself gone through a psycho-analysis by a psycho-analyst. An analyst who is not the master of his own mind, who has not studied the residua at the bottom of his own soul, who has not his own complexes under control, can accomplish very little with others. In what follows I shall briefly describe the technique of psycho-analysis as I practice it.

First I satisfy myself to the best of my ability that the patient is really suffering from a psychoneurosis and not from a psychosis or an organic disease. An ideal case would be one in which the diagnosis had been made by several other physicians. I do not, however, agree with those analysts who say that the analyst should not make his own physical examination and diag-

nosis. It satisfies me and puts me in a position to answer the patient's doubts as to the psychic character of his symptoms. When I am older in practice I may think differently.

Then I explain to the patient as simply and as briefly as possible the nature of a psychoneurosis, the theory of unconscious mental activities, and the method of treatment. All this is very puzzling to him at first and he has many questions to ask; he is very skeptical and is sure to throw out hints questioning your honesty and sincerity. It is no good arguing with a neurotic at this stage of the treatment; assure him that his confidence or skepticism are utterly immaterial and insignificant. This disposed of we discuss terms. The psycho-analyst must be able to do this in a thoroughly sensible and business-like manner free from the ordinary physician's conventional reticence about money matters. If he has gone through an analysis he will be able to do this. I insist on not less than three sessions a week, on alternate days, of not less than one hour's duration each, at so-and-so much per session, payable weekly or monthly. If you allow bills to grow too large you will lose both money and patient. The fee must be commensurate with the patient's means.* The patient is assigned his days and his hour and is impressed with the fact that these hours are his and that he must pay for them whether he keeps his appointments or not. Charity cases or free cases are usually very unsatisfactory patients, but now and then one comes across a notable exception; besides, such patients may repay in scientific interest and may be the means of giving the young analyst his experience. The poor must—here as elsewhere—make content with their fortunes fit.

An experienced analyst will never venture to predict how long the treatment will last. It is my habit to say that the average case lasts from four to eight months but that there are cases that are cured in a few hours or in a few weeks or months, and that very obstinate or severe cases require two or three years; that all patients are benefited by the treatment even if they are not wholly cured; that my efforts are chiefly devoted to reconcile the patient to life, to enable him to resume his work, to help him

* If the patient feels that he or his relations are making a sacrifice in the effort to cure him it is an incentive to honest and persevering and conscientious psycho-analysis. A sentimental girl or woman who can easily afford to spend the money it costs will dawdle away her time—and the doctor's—because she enjoys his "charming company" and the "delightful talks."

take his place in the world and to relieve him of his sufferings. Professor Freud advises his patients to take a two-weeks' trial course. In my hands this suggestion does not work out well, perhaps because I do not see the patients often enough. Transferences are not so easily established here as abroad; our girls are more secretive, and our parents are more cautious in parting with their money.

These preliminary matters disposed of, and being now alone with the patient, I explain to him the difference between a "functional" and an "organic" disease, the psychogenetic or ideogenetic nature of hysterical or psychoneurotic symptoms, the dynamic quality of our desires or motives, and the functions of the unconscious mind. Unless these matters are explained the patients are suspicious and skeptical; they all suspect the psycho-analyst of being a Christian Scientist in disguise or a hypnotist. Having satisfied them that I am neither, I assure them that my work will be limited to helping them to study themselves, to investigate their mental workings, to discover their true motives and desires; that the object of this investigation is to make them masters of themselves by learning to know their hidden motives and how to control and dispose of them; that these hidden or repressed motives can be discovered by the process of continuous associations by virtue of the fact that these "complexes" or desires have a strong dynamic quality, are always striving to enter consciousness, always struggling for motor expression, influencing our every thought and action. Where possible I give the patient such homely and simple illustrations of these phenomena from every day life as will appeal to his intelligence.

I then instruct the patient as follows: "You have the liberty of this room; here you may sit, stand, or walk about as you please; but I prefer you to lie in this comfortable Morris-chair with your back towards me; if possible you will forget that I am in the room and watching you; you are to relax your muscles as completely as possible and try to disregard what you see in the room or through the window and pay no attention to noises in the street; all you have to do is to speak, to speak right on, to speak every thought that comes into your mind, no matter whether the particular thought seem to you immaterial, meaningless, foolish, trivial, stupid, funny, disgusting, shameful or painful; in other words you are to exercise no choice whatsoever in the thoughts that you give utterance to; let me be the sole judge as to the value or

relevance of the matter you bring forth; remember that you are not here to be judged or censured or praised; that you are only studying yourself and that you have to give vocal utterance to your thoughts because I cannot otherwise know what the things you think of are. It is furthermore important that you speak your thoughts as they come to you, not changing the words or the grammatical construction of your sentences. The promptness and thoroughness with which you will be cured will depend entirely on how faithfully you obey these rules. You may begin with the history of your ailment or the story of your life, as you prefer; after this you are to choose the subjects for your talks at each session for yourself."

The analyst must give his undivided attention to the patient, giving heedful note to his every word and gesture; much can be learned from the patient's facial expression and unconscious acts, e. g. humming, tapping, drawing or writing on the arm of the chair, etc. For this purpose the analyst seats himself comfortably behind and to the side of the patient at his desk, relaxes mentally and physically and puts all of his own matters out of his mind. If he likes—and if the patient have no objections—the analyst may from time to time jot down a few important data; but on the whole I think it better not to do so. In my experience the patient stops speaking while the analyst is writing, his thoughts are diverted, and the analyst easily falls into error in his choice of data and learns to depend on his notebook instead of on his memory. Wherever the analyst notices any gaps, uncertainties, contradictions, inconsistencies in the patient's story he chooses the first favorable opportunity to question him as to these. The analyst must never forget that the patient's thoughts are his symptoms, his temporary and transitory substitutes for the repressed matters that the analyst is in search of; that his task is to interpret these thoughts in terms of the repressed complexes; that for the successful accomplishment of this difficult and delicate task, which has now become a solemn obligation, he must take into account all of the patient's free associations, his dreams, his reveries and fantasies, his symptoms, his unconscious acts and his "misdoings" (a term that I suggest for that large class of actions embraced under the German word "Fehlhandlungen" and including such phenomena as slips of the tongue, mishearing, mislaying of objects, temporary forgetting, errors in recognition of persons or objects, misspeaking, etc.). The analyst's stock of

patience and sympathy must be inexhaustible; he must never for a moment lose sight of the fact that he is dealing with an invalid; he must not be annoyed or irritated by the patient's vagaries and eccentricities; he must always remember that the patient's every manifestation is a symptom, be it volubility or reticence, hopefulness or discouragement, joyousness or depression, amiability or crabbedness, friendliness or hostility, punctuality or dilatoriness, industriousness or laziness, etc. The analyst must not love his patient nor hate him; must not relieve him of his duties and responsibilities or solve his problems. In all but really important matters, e. g. choosing a profession or selecting a wife, etc., the patient must be taught and encouraged to depend on himself; in important matters he must make no step until he is cured. The analyst must approach each case free from any preconceptions or hastily formed conclusions not only as regards the case as a whole but as regards each symptom, and he must carefully avoid anything resembling suggestion, hypnotism or persuasion. The analyst's effort should be directed to recognizing the manifestations of transference and resistance, pointing them out to the patient and thus enabling him to overcome them, and to interpreting the material placed at his disposal by the patient's free associations and conduct.

During the first few weeks of treatment the analyst should play an almost wholly passive rôle, devoting himself to eliciting the patient's life history, etc., in as detailed a manner as possible. This is the time during which the patient must form an attachment for the analyst and for the treatment. Without this rapport nothing will come of the treatment. As the patient speaks the analyst follows him step by step and identifies himself with him and thus penetrates the innermost recesses of the patient's soul. In this way the analyst can reconstruct the patient's mental evolution, the meaning and causes of his symptoms and characteristics. Related ideas will associate themselves spontaneously in the mind of the analyst if he will learn to listen to the patient's data without any effort, just letting the associations sink into his mind.

The patient manifests resistance or antagonism to the treatment when he stops speaking and insists that nothing enters his mind, when he ceases to dream or forgets his dreams, when he has so many and such long and complicated dreams that there is no time for their analysis, when he ceases to be punctual in his visits or takes advantage of every opportunity, e.g. bad weather or a

legal holiday or a ball game, to stay away, when he develops symptoms (e.g. headache) that compel him to skip a treatment, when he suddenly acts as if he were stupid and couldn't understand or had forgotten what the analyst told him, persists in talking about the trivialities of the day's occurrences, etc.,—in other words, anything that interferes with the progress of the free associations.

The causes for resistance are either the occurrence of coarsely sexual memories which the patient is unwilling or ashamed to acknowledge, a disturbance in the relationship between the patient and the analyst (e.g. a loss of confidence, jealousy, hatred, suspicion, love, dislike, etc.), impatience at the long duration of the treatment, and material (i.e. financial) considerations.

Resistances must be explained to the patient just as soon as they occur and his reasons for them elicited. This is the only way they can be overcome and only then is the patient enabled to continue with his associations or to translate his pathogenic traits and impulses into words. Resistances do not disappear immediately upon their discovery; the patient must be given time to grasp and assimilate the phenomenon. In the meantime he must continue with his free associations strictly according to rule until the resistances have vanished. Only by so doing is the patient enabled to get at the repressed impulses that lurk behind the resistances.

Before we attempt to interpret any of the patient's symptoms or the large mass of data that he places at our disposal we must be sure that there is a well-established rapport (transference) between us and him. Time, sympathy, gentleness, tact, patience and understanding will bring this about. Then, in the light of our experience, our knowledge and his data, we can tell him the meaning of his dream, fantasy, symptom, mood, or impulse. The analyst must be in no hurry to interpret the data offered him; he must resist the temptation to interpret a symptom, etc., as soon as he sees its meaning. Interpretation should be deferred until the patient's confidence is such that he will accept the interpretation without argument; premature interpretation, though correct, will be scoffed at and will beget resistances. It is best to let the patient find the meaning of his symptoms for himself. When this is impossible the analyst will interpret a phenomenon or group of data when the patient is on the verge of finding the meaning for himself, in other words, when the clues are so abundant and significant that the patient will easily see the connection between them and their meaning when this is pointed out to him. Unless the patient's

resistances to the acknowledgment of the existence within him of a certain impulse, instinct or complex, have been gradually overcome the revelation of such an impulse, etc., will do him no good. Mere knowing does not cure; nay, more often it harms. "A patient's condition is materially bettered only when his conscious thinking has penetrated to the repressed idea and overcome the resistances responsible for the repression" (Freud); in other words, when he has become sufficiently the master of himself to realize that he forced these things out of his consciousness and what made him do so.

After a certain complex or impulse has been determined (recognized) it is a good plan to explain this to the patient, its origin, its significance, its universality, the reasons for its repression, etc. If the interpretation is correct and the patient's resistances have been overcome he will at once acknowledge it, will assert that he feels that the interpretation is correct, and will recall a store of "forgotten" facts to prove its truth. If his resistances have not been overcome he will reject it vehemently, contemptuously, argumentatively. The more emotional his rejection the surer the analyst is of the correctness of his interpretation, for the interpretation evidently affects the patient more than it should if it were false.

There is nothing more important in psycho-analysis than the analysis of transference. The notion generally current among non-analysts is that by transference is meant that the patient, male or female, is in love with the analyst. This is only half true. By transference we mean that the patient unloads all his emotions—love, hatred, jealousy, contempt, admiration, etc.—upon the analyst as these well up from the unconscious. Now it is one emotion and soon another. In each instance the analyst is being unconsciously identified with the personage involved in the surface-coming complex. The patient is living over again some incident in his past and is transferring the evoked emotion upon the analyst because he is the most convenient personage for the purpose. The emotion is evoked and the patient "lets it out" on the analyst. Unless this is explained to the patient "lets it out" on the analyst. Unless this is explained to the patient it will become a source of great resistance and an effectual block to the further course of the treatment. *Positive transference* (i.e., love, admiration, etc.) is as much a bar to the continuance of free associations as *negative transference* (i.e., hate, jealousy, etc.). To one we love and admire, and whose love we want, we can no more confess things we are ashamed of than to one we hate. It is a good rule

to say nothing about transference until this threatens to become a cause of resistance. Only very rarely is it necessary to say anything about it at the first few sessions. Positive as well as negative transference may manifest itself even at the first session and make the patient dumb. The analyst must not wait for the patient to give utterance to his transferences. Actions speak louder than words. One of my patients, a "frigid" woman, enacted her strong positive transference at the first session by refusing to speak until I permitted her to sit so that she might face me,—that she might, as she later confessed, see whether she excited me sexually, although at the time she said she did it because she could not speak to a person unless she looked him in the face.

The analyst must be on his guard against *counter-transference*, that is, against developing love or hate for his patient. Once this happens,—good night, analysis! The best way to combat this is by the constant analysis of the emotions evoked by the patient, by discovering the reasons for the emotions evoked and if necessary, by "having it out" with the patient. Don't try to overcome it by repressing it. If you are developing a dislike for the patient because he is lying, full of complaints, backward in paying his bills, dissatisfied, inclined to come late, disposed to consult another physician, etc., tell him of it. Don't forget that when the patient does these things he is speaking to you, he is showing you his other self which you must have the skill to recognize and interpret. The patient's likes and dislikes are all transferences and do not appertain to you. A good psycho-analyst will turn everything to account to make the patient talk,—and thus he will come very near to extracting sunbeams from cucumbers. The patient is taught "to pick good from bad, and by bad mend."

If the patient worsens at any time during the analysis neither patient nor analyst must be discouraged thereby. The impairment is temporary. The surgeon who is engaged in removing a foreign body from the brain of an epileptic is not disheartened or deterred from completing his task by the occurrence of a convulsion. The patient is raking up certain past disagreeable or painful experiences and the emotions associated with them and aroused by them become actual and present. What he failed to give vent to at the time he is giving vent to now. A present and known enemy can be dealt with better than one that's past and unseen. Probing a wound may be painful; but the discovery of the offending agent puts the remedy in our hands.

It is rarely advisable to undertake the analysis of one's relatives or intimate friends. Young children have been successfully analyzed but none but experts should attempt this. Persons over fifty do not, as a rule, make satisfactory patients. Hysterics with intense acute symptoms e.g. profound depression, excitement, convulsions, etc., do not lend themselves to immediate analysis. Excellent results have been obtained in a few paranoiac and early paraphrenic patients, but these cases should be reserved for experts. Any person with ordinary intelligence can be treated by psychoanalysis, although excellent results have been obtained even in adolescents of less than average intelligence. Giddy, flighty girls and young women who wish to be "interesting" make poor patients. There is hardly anything less promising than the analysis of poor unfortunate—or unfortunate poor—hysterics in our State Hospitals. Notwithstanding all these *contra-indications* to psychoanalysis the fact remains that this method of treatment is applicable and beneficial to more and graver cases than any other method.

For further instructions as to the technique the student is referred to the writings of analysts the world over, especially those published in the following periodicals: The Psychoanalytic Review (New York), Zeitschrift für Aerztliche Psychoanalyse, Imago, Jahrbuch für psychoanalytische u. psychopathologische Forschungen and the no longer published Zentralblatt für Psycho-Analyse. To acquire a thorough knowledge of the art and science of psycho-analysis one should devote his nights and days to the study of the writings of Professor Freud. But even this will not take the place of the training one acquires in submitting himself to a psycho-analysis. The successful analyst is one who is "complex-free," that is free from the dominance of unconscious complexes. Every unanalyzed complex in the analyst constitutes a "blind spot" (Stekel) in the mind's eye of the analyst which will not enable him to see the corresponding complex of the patient.

After this all-too-brief resumé of the Freudian technique we are in a position to consider the *modus operandi* of psycho-analysis as a therapeutic agent. There is probably not a single analyst who, after he had explained the theory, has not been asked: "but how does this cure one of nervousness?" It is this question we propose to answer now.

1. **Abreaction or Catharsis Through Speech and Action.**—It often happens that for various reasons a person cannot give

free vent to his emotions and is compelled to repress them, forcibly to forget them. If the attempt at repression does not wholly succeed the offending complex manifests itself in symptoms. Psycho-analysis gives the patient the opportunity to give free vent to the emotion which is the essential part of the complex; and he may do this without subsequent regrets or remorse. Let us illustrate this from our own experience. Mr. B., aged 43, married 17 years, passionately fond of his wife, suffering from acute pathological jealousy, suddenly becomes sullen, surly, restless, sleepless, irritable, and—impotent. After the usual protestations that he knows no cause for his condition he succeeds in calming himself sufficiently to begin his free associations. He then pours out this tale of woe: A few days before the occurrence of the impotence his wife had bought a pair of white shoes although he had asked her to buy grey ones; he regards white shoes on a woman as a badge of an unchaste mind but he would not tell his wife this; he was ashamed to confess it and he intensely resented her non-compliance with his wishes. He gave free vent to his thoughts and emotions—and was at once cured, as I was informed the following day. It was a conflict between love and hate. The attempt to repress his emotions required the expenditure of a large store of psychic energy and was accompanied with decided feelings of displeasure. The talk under the favorable circumstances furnished by the psycho-analysis did away with the repression and thus did away with the accompanying displeasure. The restrained impulse discharged itself in speech and action (vigorous language, pounding the table, walking up and down excitedly, etc.).

The "talking cure," as Breuer's first patient very appropriately called his method of treatment, robs the complex of a large part of its affect. In all this there is nothing very new or startling; it is probably as old as humanity itself. Shakespeare, the greatest psychologist before Freud, expresses this idea in the words: "Give sorrow words; the grief that does not speak, whispers the o'er-fraught heart and bids it break."

2. Confession.—That "confession is good for the soul" is the experience of all mankind. The history of criminology furnishes almost daily illustrations of the need for confession. Guilty persons do not seem to be able to go about comfortably with the secret of their crime in their own keeping. The neurotic is exactly like the criminal in this regard. In some respects the neurotic is indeed an unconscious criminal and sinner. He is one who has re-

pressed forbidden impulses and desires out of fear of his environment, his God and himself. His unconscious guilt isolates him from his environment; he regards himself as being different from those about him; he knows that he is considered peculiar, eccentric. Because of his "peculiar" and "wicked" dreams and fantasies he looks upon himself with awe; he is mystified; he doubts his sanity and broods on suicide. In the psycho-analyst he finds a kind, patient, sympathetic father who hears and forgives all, imposes no penance, does not scold or upbraid, does not threaten or command, and makes no unreasonable or impossible demands. In this way psycho-analysis furnishes the most favorable opportunity conceivable for the abreaction of unacted sins. Psycho-analysis differs, however, from religious confession in being free, voluntary, devoid of fear, untainted with superstition, and conducted in a scientific manner. The neurotic confesses not only the things he did but the things he wished and feared to do, as well as the wicked desires he had "forgotten" and, perhaps, never consciously known.

3. Enlightenment.—Many neurotic symptoms are somatic expressions of ignorant ideas entertained by the patients. These symptoms are really a kind of conversion of the psychic into the somatic. Explaining away the error will very quickly, if not at once, get rid of the symptom. Thus one of my patients, R. P., a young man at college, sexually "abstinent" though consumed by intense sexual desire—and impecunious too—had for many months suffered from distressing gastric symptoms, such as nausea, eructations of an offensive character, regurgitation and morning vomiting of a thick, yellowish, offensive fluid, almost constant heartburn, etc. He was treated for nervous dyspepsia at one of our hospitals for months; then he was shifted to the stomach department; but all in vain. Then he was referred to me by Dr. Berkowitz. During our second session I discovered that he had been masturbating once or twice a week during several years; that he feared that the loss of semen would weaken his intellect because the semen was vital substance which came from the brain or spinal cord; that in order to conserve this precious fluid he held his penis tight at the moment of the ejaculation and thus forced the semen to go backward into the bladder; that from the bladder the semen went up into the stomach through a tube connecting these two viscera and that there the seminal fluid underwent fermentation or decomposition and generated waste substances of an offensive kind which gave rise to his symptoms. I set him right on these points

and he was cured. I have had two patients who were greatly benefited when they learned that the biblical injunction "Thou shalt not commit adultery" does not mean "thou shalt not masturbate." Psycho-analysis is a kind of re-education not only in the higher sense of character building but also in the more general sense of the word "education." But this must not be permitted to be an excuse for spending hours in teaching patients the things they should have learned at school.

4. Relief of Fear.—One of the important results of psycho-analysis is the conviction that the patient gets that his ailment is purely psychic, that it has its origin in his emotional life, that it is understood, has no serious organic basis, is not of a desperate nature, is curable, and is not a manifestation of bad heredity, degeneracy, or insanity, and is not the result of a curse, the evil eye, or of being bewitched. In this way the patient is relieved of a large part of his fears and apprehensions. He thus becomes more contented, more hopeful and more cheerful. The victim of pollutions is immensely relieved when he learns that nocturnal seminal emissions do not result in tuberculosis, general debility, impotence, loss of manhood, insanity, etc.

5. Re-adjustment of Affect.—Some of the symptoms in hysteria are the result of the splitting off of the affect from a painful idea and of its association with another idea to which it does not properly belong. Such a symptom is cured when the patient discovers the idea to which the displaced affect belongs, thus dissolving the false association. A patient of mine, Miss R. L., aged 18, "keeping company" with a young man whom she greatly loved, suffers from hystero-epilepsy and obstinate insomnia. One night she falls asleep for a few minutes and dreams of meeting a bride the day after her marriage; a girl friend (not she!) with whom she is walking asks the bride whether she and her husband "had gone to sleep after the wedding." This furnished the explanation for the patient's insomnia. "To go to sleep" was to her a symbol for indulging in coitus; she was in a state of sexual hyperesthesia and was struggling with temptation; her resistance against "going to sleep" with her lover found expression in her resistance against sleep. She also feared to sleep because of the sexual orgies that occupied her sleeping thoughts (dreams) nightly. After that day she slept well.

6. Re-conversion.—Perhaps the most frequent "mechanism" in the production of hysterical symptoms is that known as

"conversion," i. e. the substitution of a somatic (motor or sensory) symptom for an idea. What happens in these cases is that the offending idea disappears from consciousness and is replaced by an exaggerated innervation (exciting or paralyzing) of a sensory or motor nature. An example from my practice will illustrate this. A young man, aged 32, single, living with an elderly mother who holds in trust for him some money bequeathed him by his father, owns and manages a small store which does not satisfy his ambitious nature. For years he has been suffering from a very severe mixed neurosis. Suddenly he begins to be troubled with a very annoying sensory symptom: he smells illuminating gas wherever he goes. He keeps himself and his clerk busy in the search for the leak. After months of suffering we analyze the olfactory hallucination. He was disgusted with his store and was anxious to be rid of it. The thought occurs to him one day to bring about the destruction of the store by a gas explosion at night, collect the insurance, borrow some money from his mother and open a "large business." Borrowing money is repugnant to him, especially from his mother. Why not cause her death too by an accidental explosion? He struggles with these horrible ideas and succeeds in repressing them; but soon thereafter he begins to be troubled with the obsessive olfactory hallucination. His symptom was a warning to him to beware of leaking gas. With the analysis the symptom disappeared. Such phenomena as this we have just discussed seem to serve the purpose of warnings, reminiscences, revenge, self-chastisement, protection from temptation, the cunning extortion of love and attention, etc. The tendency of guilty thoughts to express themselves in hallucinations is admirably illustrated by Shakespeare in "Macbeth" (II. 1, 99-107) and "The Tempest" (Act 3, Sc. 3, 95-98). Macbeth, aghast at the murder of his sleeping king, tells his wife:

"Methought I heard a voice cry, "Sleep no more!

Macbeth does murther sleep,—th' innocent sleep." . . .

Glamis hath murther'd sleep, and therefore Camdor

Shall sleep no more; Macbeth shall sleep no more!

The Thane's hallucinatory prophecy was fulfilled. Macbeth punished himself and the punishment fitted the crime. (*Lex talionis.*) There is no more uncompromising and unrelenting judge than a neurotic punishing his own—real or imagined—trespass.

7. Substitution of Affect.—The repression of an emotion of which the individual conscience does not approve is not infre-

quently followed after some time by the appearance of the opposite emotion. Repressed hate is replaced by manifest and exaggerated love, repressed love by manifest hate, repressed desire by manifest aversion, etc. The manifested affect is a defense reaction, i. e. an attempt on the patient's part to guard himself against the repressed affect and to rehabilitate himself in his self-esteem. A patient of mine, a girl of eighteen, suffering from a complicated case of agoraphobia, was unable to dress herself unassisted because she could not bend her head down or look into a mirror without getting an attack of palpitation and dizziness. Analysis disclosed that she had been accustomed to masturbate by candle light in a dark bath-room while standing over a mirror. Each onanistic orgy was accompanied with palpitation, faintness, and fear of discovery. Her inability to look down or into a mirror came after she had decided to stop masturbating, and represents her struggle against the evil habit. The symptom was really a preventive measure invented by her to enable her to circumvent the persisting desire.

Mrs. W., a young, married woman, frigid, suffering from frequent attacks of hysterical syncope, is extremely solicitous for the welfare of her husband, though she frankly admits she does not love him. At night the moonlight shining into her bed-room and lighting up the floor fills her with alarm because she fancies she sees her husband laid out for burial. Analysis easily reveals that she made an undesirable marriage in a fit of desperation and that she longs for the freedom that her husband's death would bring her. The intense hatred for the husband is converted into extreme solicitude.

A slightly more complicated mechanism is manifested in the typical case of apprehension neurosis in which a young lady is morbidly afraid of dogs. She is unconsciously in love with her father, is solemnly dedicated to celibacy. Analysis shows that a dog is to her a symbol for "animal passion" and represents her father. In her attempt to repress her incestuous love for her father she converts her desire into fear and, owing to her fear of her father and of the sexual urge, she substitutes "dog" for "father."

The substitution of disgust for desire is excellently illustrated by the following case. Miss K., aged 32, school-teacher by profession, has been suffering from very severe depression, attacks

of giddiness, and total inability to do her work or mingle with society. She has had, as she avers, no serious love affair and is so innocent of all sexual knowledge that she doesn't know why procreation requires the co-operation of both sexes. At the very beginning of her treatment I encounter a very serious difficulty: she cannot board a train without becoming nauseated and dizzy. The matter is serious because she has to travel several miles to reach my office. Centering our attention upon this symptom we soon discover that as soon as she enters a car she sees the persons sitting opposite her, especially if they happen to be fat men, as if the front part of their garments had been cut away so as to expose their genitals to the public view. It is this hallucinatory vision that disgusts and sickens her. There is no doubt that her disgust was the reaction to or conversion of her intensely repressed sexual desire and sexual curiosity. With this analysis the symptom disappeared.

8. **Suggestion.**—The opponents of psycho-analysis are wont to attribute the good results obtained by this method of treatment to suggestion. There is undoubtedly much truth in their contention. Mild cases "take suggestion as a cat laps milk." That is why they are "cured" by all sorts of quackery. The really difficult cases, the only ones that should be subjected to psycho-analysis, not only do not respond to suggestion but resist it. In my experience neurotics respond promptly to "bad suggestions," i. e. to such suggestions as tend to shake their confidence in the physician, in the method of treatment, and that tend to make them worse or to increase their apprehensions. A real neurotic is always on his guard against curative suggestion; he resents the imputation that he is shamming, that his disease is not real, that an act of the will or a mere matter of belief can rid him of his malady. He argues that a "bad suggestion" must express the truth, whereas a curative suggestion is thrown out only to make him believe something that is not true. The underlying reason for this attitude seems to be either the masochistic element that plays an important role in all neuroses or the conflict with the "parent-complex." Where suggestion seems to do good the result is undoubtedly due to strong positive transference and means the subjection of the patient's mind to that of the analyst, the effacement of the patient's personality—an effect that ultimately does the patient more harm than good. That is why a conscientious analyst will cautiously guard against anything merely suggestive. Psycho-

analysis strives to make strong and independent personalities, not slaves.

9. Transference.—Positive transference for the analyst is favored by the relief the patient experiences from absolution and catharsis. An important result of this improvement is that the patient gains additional confidence in the physician, the psychoanalytic theory and the technique, and takes a lively interest in them. In other words, the invalid takes a scientific interest in himself, learns to look upon himself objectively and to study the origin and meaning of his symptoms with the ultimate object of getting rid of them. He is interested in learning the mechanisms of his symptoms and the pettiness and unworthiness of his unconscious motives. With self-knowledge comes the resolution to take a livelier interest in the world, to take his proper place in the community, to face his duties manfully, to assume the normal relationship to his associates. The more he does this the more he becomes attached to the physician to whom he owes his improvement. In addition to this the analysis of the repressed complexes liberates a considerable amount of libido (sexual energy in its broadest sense) which inevitably affixes itself to the person who most occupies the patient's mind—the analyst.

Transference may prove a very serious obstacle to success in the treatment. The neurotic hungers for love and praise; fearing to lose the analyst's esteem he inhibits the free flow of his thoughts and resumes the critical (i. e. subjective) attitude to his associations. Thus one of the greatest aids in the treatment becomes one of the worst obstacles unless the analyst is skilled enough to recognize it and turn it to good account. Strict compliance with the psycho-analytic rule to talk right on should be the sole means of purchasing the analyst's commendations. Successful analysis of transference places at the patient's disposal an amount of libido which he will then bestow where it properly belongs. In this way the patient is not only made independent of the physician but also brought in the way of resuming his relations with the world.

During the course of the analysis it often happens that symptoms of a transitory nature suddenly make their appearance. These inevitably bear a direct relationship to the physician who is now the substitute for some individual who once upon a time figured as the principal in some repressed experience that the analysis is restoring to consciousness. The patient is living over some phase of his past; but, owing to the neurotic craving to link his fan-

tasies with realities, he treats the analyst as if he were the person involved in the affair. Such a transitory symptom is an extremely subtle and often effective manifestation of resistance. Its successful analysis works wonders in overcoming the patient's resistances to the communication of his painful memories, and in convincing him of the truth and value of the method.

To illustrate these remarks let me refer to three cases from my practice. Mrs. ——, neurotic and totally frigid, extremely sentimental, worships men of an intellectual type (like her father, brothers, and a former lover); married, at an advanced age, to a very estimable man who, unfortunately, is not intellectual. One day, while telling me of a visit she once paid to a well-reputed dentist, and noted as a flirt, who caressed her hands and thighs with his unengaged hand, she suddenly stops her narrative and complains of a severe toothache. Knowing that she had not complained of any trouble with her teeth I remark that she evidently wants me to play the role of the amorous dentist. She laughs incredulously, or guiltily, but is amazed at the sudden disappearance of the pain.

Mr. M. finds it impossible to associate freely if he does not face me. Analysis shows that he identifies me with his beloved father and that he thinks it disrespectful to sit with his back to me.

Miss K., formerly mentioned, finds it very difficult to continue her treatment because she is unable to pay for it. She identifies me with her hated father to whom she will not be under obligations for anything, not even her health.

The successful management of transference will inevitably stimulate the patient's desire to be cured—without which nothing can be accomplished. But the analyst must not forget that the desire to be cured is not in itself sufficient to bring about a cure. The patient does not know how to cure himself and the desire for health is not sufficient to overcome the resistances. This can be accomplished only by positive transference.

10. Sublimation.—Psycho-analysis does these things for the neurotic: it restores to consciousness the memory of repressed early emotional experiences, unravels the genesis and evolution of his symptoms, brings him to a realization of his true motives and desires, convicts him of self-deception, cowardice and infantilism. This knowledge enables him to assimilate his complexes, to make them subject to his reason and to his better self, to deal with them in an honest, manly way. But with this the treatment is not at

an end. What is the patient to do with the energies that he is no longer expending in symptoms? He must be taught and encouraged to sublimate them, i. e. to expend them in higher and socially approved activities, such as civic work, art, literature, social welfare, the faithful and skillful discharge of his duties to his employer, religion, etc. In this way psycho-analysis undoes the mischievous work of faulty early education and bad childhood environment—the factors responsible for the failure of sublimation that laid the foundation for the subsequent neurosis. The patient's future is one of the most important and difficult problems for the analyst. The patient's education, talents and opportunities must determine the analyst's goal.

3681 Broadway.

Contributed to THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

PERSISTENT SEXUAL LIBIDO IN THE AGED.

By I. L. NASCHER M. D. New York City.

IT is nearly thirty years since Séré, of Paris, described the male climacteric, a condition analogous to the menopause of the female. In the male, this period usually passes unnoticed as it produces no physical discomfort, it proceeds gradually and there is no violent disturbance as occurs in the female. Coming on about the time that the first senile changes are noticed, the gradual loss of libido and potentia are looked upon as part of the normal process of getting old. It is not a senile change though Séré failed to distinguish between this and the process of senescence, for in his description of the male climacteric he included among the symptoms some of the manifestations of ageing. The changes in the male climacteric are essentially functional and there are few or no anatomical changes. The anatomical changes in the male generative organs occur much later and are due in part to disuse, in part to the impaired nutrition which is the basic cause of the general waste of tissue in old age. In the normal male climacteric there is a gradual loss of libido and potentia, the two waning together. About the same time the physical powers wane and the exertion of copulation becomes irksome.

Other factors which further tend to diminish libido and potentia are, changes in the skin making it less sensitive, atrophy of the testicles and seminal vesicles with consequent diminished formation of semen, (a senile change), lessened irritation produced

by the diminished amount of semen, this irritation being a call to empty the filled vesicles similar to the call to empty the filled bladder, rectum, breast glands, etc. Medical science does not deal with esthetics and it may not be pleasing to contemplate, still it is true that while indulging in the gratification of sexual desires, we are simply emptying filled secretory receptacles, at the same time emptying them in the manner contemplated by nature for race perpetuation. When those vesicles are full they must be emptied, and if they are not emptied consciously and voluntarily they will empty themselves in nocturnal emissions, just as the overfilled bladder will empty itself in dribbling or in nocturnal enuresis, and the breasts will overflow when the milk is not drawn off.

As the libido and potentia wane and the sexual act itself becomes more difficult and fatiguing, special stimulus is required to arouse sufficient desire and power to overcome the reluctance to endure this task. There is rarely the spontaneous desire such as occurs in youth when the vesicles are filled, and which is followed by nocturnal seminal emission if not gratified. Nocturnal seminal emission is rare in the aged, but prostatorrhea, which is almost always mistaken for seminal emission, is rather frequent. Complete impotence which resists every stimulus, psychic, medicinal and mechanical, is seldom met with even in very old age. Potentia without libido is very rare but libido without potentia is sometimes found, the libido being either restricted to a particular female or else the knowledge of his impotence keeps the person's mind centered upon his infirmity and there is a persistent desire which sometimes leads to perversions.

A recrudescence of desire and power sometimes occurs during the senile climacteric and is then a symptom of senile dementia. This may reach the state of sexual *furor* and the old man, not realizing the criminal nature of rape, will assault a child or young girl, these being less resistant and more easily frightened and bribed than older girls. Occasionally there will be a recrudescence of desire after years of defervescence as the result of some particular stimulus. I will give a few examples of such cases.

CASE 1.—An inmate of a Soldiers' Home, aged 73, visited friends in the city. During the night he entered the room of a child of 14 and attempted to assault her. She screamed and her parents rushed into the room. They found him standing in the room with a stupid leer, apparently unconscious of the gravity of the offence, making no excuse for his presence in the room. He was arrested, charged with rape. I did not know then that sexual furor during the senile climacteric was a symptom of senile

dementia and the defence turned upon the question of the character of the crime. It was shown that he had a shrunken organ almost imbedded in an enormous scrotal hernia. He had not been away from the home in many years and his reputation was good. He was discharged through disagreement of the jury and shortly afterwards senile dementia became pronounced and he was sent to an asylum.

CASE 2.—A locksmith aged 75, a widower for forty years, lived with a widowed daughter and her four children. His wife died in childbed in convulsions, and this affected him so strongly that he determined never to marry again or have sexual relations with a woman. For several days before I saw him he was morose, irritable and reticent and for two days he refused to go to his shop. One of the daughter's sons coming home about midnight, found him sitting undressed on the edge of the bed, muttering to himself. His daughter, a woman of 45, was sleeping with a daughter about sixteen. Shortly after the son came home the old man went into his daughter's room, stark-naked, in a highly excited erotic state and kept saying, "ich muss" (I must). He began to plead but when the woman called for help he tried to force his way into their bed. It required the strength of the five to hold him. He suddenly collapsed and had a convulsion and was in this condition when I saw him. He was put into a warm bath where ejaculation of a few drops of semen occurred. After a hypodermic injection of morphine he was put in bed. I saw him the following afternoon. He had no recollection of the night episode but thought he had spent the night with a woman and was depressed with remorse. About a week later he again became morose and irritable and fearing a repetition of the attack he was kept under sedatives for several days. After that the daughter kept her room door locked at night and on several occasions during the following three months the old man went to her room and finding it locked he returned to his room. He had no recollection of these visits the next morning, and believed that the family made these accusations to get rid of him.

CASE 3.—The following is a case of persistent libido in an old man. This man is now 84, mentally and physically well preserved, intensely egotistical, and fastidious in dress. His wife died in 1904 and a year later he married his young housekeeper. For years before his wife's death he had boasted of his many liaisons but this was looked upon as the silly bragging of a con-

ceited, impotent, old man. Soon after his second marriage the young wife complained that she could not satisfy her husband's desires, that he gave her no rest even during her menses. Some time later she found that his boasts of having many female admirers were facts, that there were several unmarried women, women whose husbands were away from home much of the time, and widows, who had not paid rent in years. As the marriage was one of convenience and not of love, she did not interfere with his relations with his tenants, but when one moved away his demands upon his wife increased. I recently had an opportunity to question both. He says his desires are as keen as ever, that he still has the power to perform the sexual act, but that he becomes exhausted when through and must lie in bed for an hour or more to recuperate. Still he must have intercourse daily, else his mind dwells upon the omission and he cannot sleep. His wife corroborates his statements. Occasionally he will miss a day and he will give her no rest the following day. It seems that some of his favorite tenants are "out" when he calls, and if his wife will not gratify his desires he flies into a temper, becomes abusive and threatening and even uses force to compel her to submit. He has had no children with either wife.

CASE 4.—The following case is typical of many senile cases. Two years ago a man, now 72, complained that he had lost the power of erection although his desires were still keen, in fact since he realized his complete loss of power his desires became dominating. Up to five years ago he could gratify his desires once or twice a week. The power then waned and he was obliged to resort to masturbation before intercourse. Later this was no longer effective and only on rare occasions was there an erection which came on spontaneously, when he had no opportunity to gratify the accompanying desires. He came to me ostensibly for a gastric disorder, but he soon began to speak of his impotence and the gastric trouble was forgotten. He had gone to physicians who gave him medicine which increased the desire but not the power. One physician used locally electricity, another applied a blister. His desires were now uncontrollable, the thought of intercourse, not with any particular woman but with any woman, was constantly before him. He did not want to do anything that might diminish the libido; he wanted the power restored. This is the general demand of old men who retain the libido but not the potency. These cases are easily handled if there is no necessity to maintain

prolonged potency, as there may be if the patient has a young wife. It is possible to produce a temporary local effect by the use of cold water, sounds and the Faradic current. At the same time anaphrodisiac remedies such as bromides, monobromated camphor and the valerianates should be given. The local stimulation is effective for a short time, perhaps only for a few minutes or hours, still long enough to satisfy the patient. In a few weeks the libido is diminished to such extent that the patient will discontinue the local treatment. This has been my experience in more than twenty cases of this kind.

CASE 5.—We occasionally read of the appearance of widows of old men who were supposed to have been unmarried. I am familiar with one such case. The man, who was 68, at the time of his death was a widower for twelve years. After his wife's death he became a devout church-goer, was serious, sedate, often morose, gave up pleasures, even his annual vacations, and he was looked upon as a quiet, passive, old gentleman. About three years before his death he surprised his family by a change in temperament. He again took an interest in life, wore brighter clothes instead of the conventional black, went occasionally to a concert and even took a vacation. It was not known that he had any relations with women and when questioned jokingly, always referred to his loyalty to his dead wife. After his death, among his papers were found a number of pornographic pictures, and literature and a few letters of the same character. The letters were written by a woman who, when she learnt of his death, claimed to be his widow. She declared that he had not missed a day in three years in his calls upon her, she spent her vacations with him and he was as amorous and as active as a young man.

The following two cases of physicians present restored libido under psychic stimulation.

CASE 6.—An elderly physician went to a theatre where bare-legged chorus girls were the principal attraction. He had never seen a show of this kind before. For many years he had little desire or power, not more than once a month and then the libido followed, never preceded, the erection. Upon his return from the theatre he surprised his wife by his ardent advances. His wife submitted to his daily demands for a week, then finding that his renewed affection was due to the charms of bare-legged chorus girls and not to her own charms, she repulsed him. He then became acquainted with one of the girls and went frequently

to the theatre and was seen with this girl at a summer resort. I do not know what the present state of affairs is and do not want to present a guess as a scientific statement. There is a possibility that my guess is wrong.

CASE 7.—I was intimately familiar with the following case. The physician was past 50 when he discovered that his wife, fifteen years his junior, had a lover. He developed so strong an aversion to all women that he refused to treat female patients. About ten years later he joined a club of Bohemians, theatrical men, sportsmen of irregular habits and unconventional manners. One night he accompanied one of these men to his home, met there the man's mistress and another woman and drank with them; the first time he had taken liquor in many years. This aroused the libido but he was absolutely impotent. Humiliated by his lack of virility and nettled by the ironical references to his second childhood he treated himself for impotence with some success. He was determined to convince the one woman who had teased him most that he was still good for something beside writing prescriptions for babies. In two weeks he was in shape to visit this woman, although he was absolutely impotent for other women. An infatuation for this woman rapidly developed and he spent all his spare time with her. He told me then that he had made up in a few months what he had missed in ten years. This relation kept up for about two years, then finding that he had a urethral discharge which contained gonococci, the libido and potentia suddenly ceased. This case presented peculiar social features beside an interesting medical side. After the doctor discovered that his wife had a lover he insisted that the paramour live in the same house and he, his wife and her lover remained on friendly terms. He did this, he said, to show that he had implicit confidence in his wife and for the same reason he turned over to her his property. Yet the doctor had his sleeping room on one floor and the lovers had their rooms adjoining on another floor and unless there were guests at the table the doctor always took his meals at home alone. On one of the rare occasions when he would discuss his family affairs he made up a list showing the dissimilarity between himself and his wife and the similarity between her and her lover in characteristics, temperament, traits and tastes, and expressed the belief that she would be known as her lover's wife. The lovers were married (or, perhaps without the marriage ceremony, she passed as his wife) a few weeks after the doctor's death.

CASE 8.—In a former paper reference was made to a young woman who despite the fact that she is a Sunday school teacher, holds responsible positions and is generally esteemed, does not hold the conventional views concerning matrimony and sexual relations. Her present lover is nearly sixty-five. He left his wife nearly twenty years ago when he found her unfaithful, and until he met this young woman two years ago he was a misogynist. She had another lover then and was faithful to him until he died a year ago. Pity and sympathy rather than affection attracted her to this man and she accepted him as her lover. Their sexual relations were at first unsatisfactory; on his part, intense libido with complete impotence; on her part a desire to satisfy his desires without any sexual desire herself. Later the power returned and now he is a daily visitor being known at her home as her husband.

In nearly all these cases there were extra-marital relations and in all but two there was a recrudescence of desire after a period of sexual quiescence. When an old man marries a wife much younger than himself, the libido is usually aroused; and where an old man has maintained strict marital relations only with his wife to whom he had been married many years, libido and potentia are either entirely abolished or appear mildly and at long intervals. It is only in rare instances such as those that I have mentioned that the libido remains and still more rarely that both are active.

CASE 9.—The following case is out of the ordinary. In 1891 the man married his second wife, thirty years younger than himself. His business took him out of the city for three months out of every four; the fourth month he remained at home. This had been his routine for twenty years before his second marriage and so it remained until his death last year. He was continent when away from home, making up for lost time when he returned. He retained his virility to the end, being as methodical about his sexual relations then as he was when first married.

Women generally lose the libido after the menopause. Occasionally the libido is increased during the menopause, rarely¹ does it persist after this period. A few exceptional cases will be mentioned.

CASE 10.—In a home for the aged where segregation of the sexes is not enforced a female inmate was discharged soon after her admission. Dormitory companions complained that she openly

¹Instead of "rarely" I should say "quite frequently." And this a normal and not a pathological phenomenon. Editor.

masturbated and some of the male inmates complained that she made sexual advances to them. She was finally caught in the act with one of the more virile of the old men. Investigation showed that several of the old men had sweethearts among the female inmates. This has been advanced as an argument in favor of segregation of the sexes in such institutions.

CASE 11.—A woman now 58 became intensely erotic during a vaginal examination. She declares that before the menopause twelve years ago she rarely had any sexual desires, that such desires were usually aroused only during intercourse. Spontaneous desires occurred occasionally during the menopause and frequently since. Her husband is becoming impotent and is seldom able to satisfy her demands, especially as they come at inopportune times. She is now taking bromides as a "tonic."

CASES 12 AND 13.—In the following two cases there is a bad history, perhaps a hereditary taint. A woman, aged 64, has been a widow for fifteen years. Since her husband's death she has had boarders who received her favors as well as her board. She makes no secret of her libidinous nature and says she can be as good to an acceptable boarder as a young wife. One daughter is the mistress of an old man, another had a miscarriage before her marriage. A son has been in prison for assault upon a woman. The woman says there has been no change in the character or intensity of the libido since she first experienced it as a girl, except for a short time after her husband died.

The second case is that of a woman now nearly 70. Her first husband committed suicide about thirty years ago, the rumor then being that he found she had other lovers. She married again in 1905 (when nearly 60), her second husband being much younger than herself. This husband declared that his wife could satisfy the sexual demands of any man. I lost track of this woman after her husband died about four years ago but heard from a friend that she would not reject the offer of a third husband. A peculiar feature in this case is the family history. The woman was an only child, she had only one child, a daughter whose husband committed suicide, and this daughter has one child—a daughter, married but without children.

CASE 14.—I will cite one more case which has a romantic as well as medical interest. The husband came from Russia when

about 20 and after he had saved enough to start a home he sent for his sweetheart who had remained behind. On the day of her arrival he was arrested for some petty offense aggravated by the charge of resisting an officer, and was sent to prison. The girl after waiting a few days for her lover obtained a situation as a servant, left this place and got another position, and at the time of his release she was working in a cigar factory. A combination of unfortunate circumstances prevented each from discovering the whereabouts of the other. He had americanized his name and before her arrival gave up his position to become a jewelry pedlar, also changed his boarding house. She became acquainted with one of the cigar-makers working in the same shop and married him, the two opening a little cigar store near my office. This was in 1885. In 1904 her husband died of tuberculosis. A lodge to which he belonged attended the funeral and among the members was her early lover. She recognized him and an extraordinary scene followed, the widow falling into the arms of an apparent stranger, calling him by his first name and begging him to remain with her. The matter was clinched a year later when they were married. She had no children with her first husband; with her second she had three in five years. For the purpose of this paper I visited this woman whom I have known for over thirty years. She says she never had a spontaneous libido while married to her first husband and could only arouse a serious response by thinking of her first lover (her present husband). She never experienced an orgasm with her first husband, such as she has experienced repeatedly with her present husband, and she never had an ardent desire for copulation with her first husband though she frequently has had such desires for her second husband and has such desires still, though she is now fifty-three years old.

Two interesting questions arise in this case. Was there a subconscious inhibition to the orgasm when with her first husband, since she could rouse sexual desire only by thinking of her early lover? Is the orgasm necessary for pregnancy? The latter has been repeatedly denied and the statement has been as often made that women have become pregnant when raped while under anesthesia. I have never seen an actual case reported, though even under anesthesia an orgasm is possible. This however is not pertinent to this paper.

PHAGEDENIC CHANCREOIDS.

By PIERRE VERRIER, M.D.

PHAGEDENISM seems to have been studied and known from the earliest times and the etymology of the word was given by Celsus, who described under this name, certain ulcers of the genitalia. Babington, Rollet, Cullerier and Follin quote from this writer this sentence: "Ulcus altius et latius serpit," from which it seems that he distinctly wished to describe the serpiginous chancre.

Later on several writers studied the same subject. Carmichael, and before him Fallopius described the ulcer in his "*De morbo gallico tractatus*." Babington connected phagedenism with syphilis and it was only in the XIX century that the notions relative to the process became more exact. Researches were numerous, while clinical study classified the various types.

The etiology has given rise to the most divers and peculiar remarks. Several factors appear to play a distinct part in the origin of this "complication of the chancre," although the principal part played cannot be attributed to any one of them. "They are an effect of the nature of the virus, because they are more frequent at certain times than at others," say Bell and Carmicheal, who thought that phagedenism was the result of a transmission in kind and they based this assertion on a female patient who presented three types of phagedenism.

The falsity of this etiology and pathogenesis was soon demonstrated. Clinically it was proven that "phagedenism often came from simple chancres, medium size or even small, offering no particular malignity." (Pouget, Thèse Montpellier, 1882). Finally, Spirino, of Turin, and Fournier developed the method of confrontation and experimentation, which removed all doubts in this respect. Spirino inoculated phagedemic ulcers with the pus from simple chancres. In one case, Fournier was able to go back to the source of a terrible phagedenism which had destroyed a portion of the prepuce and had mutilated the glans horribly. As origin he discovered on the woman who had transmitted the affection, a small superficial chancre of the right labium majus which healed in a few weeks. A chancre is consequently not phagedenic simply because it has been contracted from a given source; it becomes so for reasons independent of its origin, influenced undoubtedly by various general or local causes. These in their turn

have been made perfectly clear although no preponderant part can be attributed to any one of them.

It was quite natural to just consider the poor general health of the individual. Debility, physiological misery and pregnancy play an important part in the etiology. Struck by the frequency of this complication of the chancre in alcoholics, Ricord created a special clinical type, the "oenophagedenic chancre." Malaria may, perhaps, also come into play, at least this is the opinion of Spirino, while deAzua has recorded the case of a serpiginous phagedenic chancre in a malarial subject. But it must be admitted that this influence of the general health does not explain all cases.

In other cases the writers have invoked as occasional causes, filth, badly applied dressings and stagnation of pus. Robert refers to a case of a patient with soft chancre and phimosis which became phagedenic because the physician placed lint under the foreskin. Finger believes that phagedenism "is frequently the result of external influences; the pressure of a tight prepuce or external irritation for example."

There are certainly occasional causes which may exert a certain influence but the true cause is as yet unknown. With the advent of the microbial doctrines it was natural that an interpretation in relation to these ideas should spring up and for some writers phagedenism was looked upon as a simple septic complication, the result of an infection or a secondary microbial association. Unfortunately, these researches have not been as yet crowned by success as they have not demonstrated any specific organism nor developed an appropriate treatment.

Phagedenism is an infrequent complication of chancroids, the proportion as given by Fournier being 6 per 1000, and in twenty-two years he had only collected 44 cases. At the present time, this percentage is, perhaps, above the reality. In a recent article de Azua (*Annales de Dermatologie*, 1910) only found two cases of serpiginous phagedenism out of a total of 71,000 venereal patients. Perhaps one should perceive in this decreasing phagedenism complicating soft chancre the result of a more perfect knowledge of the laws of antisepsis and a more strict application of cleanliness.

Phagedenism may arise in two distinct points, namely, in the chancre itself or in the bubo. Fournier had observed the latter site was the more frequent and that usually it gave rise to the more serious types. Rarely in this case is it the consequence of a

phagedenic chancroid; on the contrary it follows a medium sized ulcer undergoing a normal evolution and absolutely devoid of the special malignancy belonging to phagedenism. These observations of Fournier are perfectly confirmed by two cases under my observation. In both the ulcer was benign and the serpiginous phagedenism was a complication of the bubo.

No matter what may be the origin, chancrous phagedenism, which in reality is only an exaggeration of an ulcerative process, may take on various forms, the principal being:

- The gangrenous type,
- The acute pultaceous type,
- The serpiginous type, and
- The chronic type of the prostitute.

The gangrenous type. In this variety the region of the ulcer becomes painful and the ensuing serous suppuration is fetid. The violet and grayish points formed on the sore by mortified tissues do not become detached. Others soon form and in a short time the entire chancre is invaded by a scab which blackens, dries and extends in surface and depth. At the end of a few days, the second week at the latest, a very distinct separation takes place between the living and dead parts, the scab becomes detached in strips or en masse, leaving a simple wound. Unfortunately, the deep impression, mutilations and numberless deformities are the vestiges of this very acute type.

Acute pultaceous type. Here, on the contrary, after a regular evolution, the chancre suddenly becomes painful and the surrounding skin inflames. The edges of the ulcer appear more raised, irregular and undermined. The fundus, usually uneven, is covered by a grayish membrane that may be easily taken for a scab, but which rather more resembles a diphtheroid membrane. The pus is sanguinolent; there is a slight rise in temperature. Later on, this type may develop lancinating pain but usually the ulcer cleans up and granulation follows. On the contrary, in other cases the phagedenism extends and then one is dealing with the serpiginous form.

Serpiginous type. This is characterized by a process of repair and cicatrization taking place on the parts first involved, while the ulcer extends. The serpiginous phagedenism consequently does not present a uniform aspect and there are assembled different stages of ulceration and cicatrization. The ulceration varies in size but never extends deeper than the subcutaneous fat. The

edges are irregular. The bottom of the ulcer is gray, covered with a membrane difficult to remove. At other points the aspect is quite different. The edges have fallen in and become glued to the ulceration and the surface is red and granular. At still other points the repair is further advanced with islands of cicatrization either in the centre or at the circumference. According to the degree of repair the configuration varies; usually it is in the form of an irregular cicatrix like a burn, circumscribed on its outline by an ulceration which forms a border for it.

The ulceration offers nothing regular in its progress. Quite often it progresses rapidly in the early stages, later taking on a slower march. At other times it extends in an equal and continuous way. The track that it follows is governed by no rule; it extends in a straight line or on the contrary, it takes on capricious curves.

The duration varies, but in this respect a most reserved prognosis should be given on account of the tenacity of the lesions and the indefinite duration of certain forms. Although some ulcers cicatrize in a few weeks, others in a few months, there are some that persist for years. One of Fournier's cases lasted 14 years, while in a case under my care it had lasted four years and six months, the ulceration having extended to the thigh. Another curious point in the symptomatic history of this ulceration are the rerudescences and unexpected relapses taking place at a time when the progress of repair is most marked or when a cure seems definitely assured and all without the slightest apparent appreciable cause.

Bacteriological researches remain obscure, in the sense that it is as yet impossible to specify the organism which, added to an *ulcus molle*, gives it its phagedenic quality. The examinations have, however, been numerous. Nov. 2, 1902, Bizard and Ribon found streptococci in a case of superficial syphilitic phagedenism. In two cases published by Brocq and Simon, Leuglet found streptococci and in one of them a bacillus singularly like Ducrey's organism. In two other cases of Dominici and Rubens, Duval also found extremely virulent streptococci. In June, 1906, Brault of Algiers reported three cases of tropical ulcer presenting the fusospirillar symbiosis. The latter, however, is not pathognomonic of this type of ulcer and in 1906, Balzer and Foisot mentioned it in cruro-vulvar gangrenous *ulcus molle*.

The scrapings taken from a phagedenic ulcer of the calf of the leg when stained by Nicolle's method, revealed the bacillus of Ducrey and some unimportant cocci. This organism slightly stained at its middle, offered the characteristic arrangement in chains and was found identically the same in an ulcerus on the penis.

On the other hand, neither in the exudate nor in the scrapings of a venereal serpiginous ulcer in a malarial patient could de Azua find the Ducrey; but in the secretion removed on glass he discovered a coccus having the same morphology as that already observed by Piocco and Unna, but whose part in the process appeared very uncertain.

In two of my cases microbiologic researches were carried out on several occasions with the result that Ducrey's bacillus was always found and, after a year of treatment with antiseptic applications and hot air the last examination of one of them still revealed in the undermined edges of the ulceration the presence of Ducrey in abundance.

As to the diagnosis, the evolutive characters render it easy in the serpiginous type. The history of the case and a study of the initial lesion makes the recognition of an ulcerus molle or its bubo as the starting point of the process easy.

However, it must be admitted that this form of phagedenism can be easily mistaken for certain serpiginous ulcers of secondary or tertiary syphilis. Ulcerating syphilides are always surrounded by a marked infiltration and the circumference of the lesion is composed of conjugated archs. It is usually an ulcer extending in depth. If, however, it takes on a serpiginous and superficial development, making it similar to a serpiginous phagedenic ulcerus molle an attentive study of the antecedents will remove any doubt that may exist. In certain cases bacteriologic examination may be necessary to show the presence of Ducrey or to begin a mercurial, iodide or salvarsan treatment in order to detect syphilis.

The serpiginous type of phagedenic ulcerus molle does not offer locally the same gravity as the gangrenous type. In the former there are no deep impressions, mutilations, deformity or atresia of the meatus which are the ordinary relics of the gangrenous type. It may produce certain consequences such as inflammatory attacks, slight hemorrhage, more or less sharp pain in the ulcerations, progressive debility of the patient resulting from abundant suppuration. A serious anemia or loss of flesh is a frequent result.

One point always darkens the prognosis, namely, the possibility of a recurrence. One should always be suspicious of phagedenism and only mention the word "cure" when every speck of ulceration is absolutely and surely cicatrized. As long as there remains the slightest trace of an open wound a recrudescence is always possible and it may be the most serious inasmuch as it arises at a time when a cure seems the most assured.

To control an affection so essentially malignant and chronic most varied treatments have been proposed. Caustics were formerly much employed; Hutchinson resorted to continued irrigation; Desprez noted several cures from erysipelas. Robert attributed phagedenism in debilitated subjects to a decrease in the number of red blood-corpuscles and ordered a treatment with iron; in robust patients the number of red blood-corpuscles is the same but the fibrin is in excess and in such cases alteratives being indicated, he administered potassium nitrate in large doses. See, in 1880, proposed simply scraping the ulceration and then cauterize with a thermocautery, this followed by a dressing with a solution of chloral and carbolic acid. Surgical interference has been successful.

De Azua advises applications of hot compresses soaked in potassium permanganate and repeated application of the thermocautery on the edges of the sore where extension is taking place.

In two of my cases several treatments were tried successively. First simple antiseptic dressings were applied with compresses soaked in a 1:1000 solution of zinc chloride; afterwards radioactive mud was tried and on the edges at points where the lesion seemed to be progressing frequent application of the thermocautery. Finally we commenced the hot air treatment; energetic applications were made and one of the patients is still under treatment, the other has left the hospital completely cured. Although there is a great improvement in the second case the lesion is far from making the same happy progress as in the first case.

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

SILVOL IN ACUTE CYSTITIS.

BY W. O. HUMPHREY, M.D., Louisville, Ky.

The physician has long sought for a preparation of silver that could be used safely and satisfactorily for bladder irrigation. It would appear that Silvol is ideal for that purpose.

The following report of its use in acute cystitis is very interesting in view of the fact that it was used in a 30% solution and retained for four or five hours without discomfort.

Mr. H. Age 54. Good family and personal history. Applied to me last February for treatment of a very painful bladder irritation. Urinalysis showed no pathology except the ordinary pyogenic cocci. Cystoscopy showed only a highly congested and thickened mucous membrane. The bladder was irrigated with a five per cent Silvol solution, and about two ounces, or all the bladder could hold, was left in. The bladder was irrigated the next day with ten per cent. solution of Silvol and about the same amount left in the bladder. On the fifth day the Silvol solution was increased to thirty per cent., and now over four ounces could be left in the bladder without discomfort. The patient was discharged on the twelfth day, relieved of all symptoms. At no time was there any discomfort felt from the Silvol solution, but rather a decided sedative effect. One day after an irrigation with a thirty per cent. solution he felt so good that he went to sleep and the solution was retained for four or five hours.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

NEUROTIC EXOGAMY.

An essay on certain similarities between the mental processes of neurotics and those of savages.

By KARL ABRAHAM, M.D.

WHILE marriage between kinsmen was once considered solely as a phenomenon apt to burden the descendants with certain hereditary characters, I have shown elsewhere¹ that this form of union is worthy of study as a symptom of neurotic psychology. Basing my reasoning upon the idiosyncrasies of neurotics which have been revealed to us by psychanalysis I have come to the conclusion that many neurotic subjects are unable to experience any libido for persons in no way related to them because their libido remains, even after puberty, a slave to incestuous influences.

For the neurotic who must keep away from the object of his first incestuous desires as much as from women who are not blood

¹ Marriage between kinsmen in its relation to the psychology of neuroses. Jahrbuch für psychoanalytische Forschungen. Vol. I. 1909.

relations of his, marriage with a kinswoman constitutes a compromise.

I pointed out in the above mentioned article that in order to gauge correctly the psychological import of the tendency to inbreeding, we must consider it as one unit in a whole series of symptoms. At one extreme end of that series we find actual incest, which is not as rare in psychopathic families as is commonly assumed; at the opposite end of the series we find complete and lasting distaste for all relations with the opposite sex.

A psychological stage close to the first mentioned extreme is a leaning for members of one's family who are not, however, blood relations in the first degree. Quite as close to the other end of the series stands a condition which I would designate as neurotic exogamy.

In such cases the man² experiences an insuperable aversion to enter into close relations with a woman of his own race or nationality, or more accurately, of his mother's race or nationality. In a word he is taking unusual precautions against the possibility of committing incest. The neurotic avoids women of his mother's type and seeks those who in their appearance and make up are quite the opposite of his mother (or sister).

The following case may throw light upon the condition in question:

A neurotic of the blond North-German type shows the most profound dislike for women of the same type. Nothing about a woman must remind him of the object of his first love, his mother. The only women who can attract him are dark-haired brunettes of another race. He has in the course of years showed some friendship for several women, always of a different race or nationality. The tendency to "serial formation" mentioned by Freud, however, was very apparent. For the patient has never been able to direct his libido successfully and permanently toward one special woman. Its fixation upon his earliest love has proved irresistible.

I have had occasion to analyze a large number of similar cases and I have gradually reached the conclusion that such an aversion on a man's part to women of his own race (or of his mother's race) gives us a clue to a certain law.

Weiss published some time ago³ an interesting report of quite

² In this article as in the one I mentioned before, I consider first the symptoms as they appear in the male sex. I gave my reasons for this procedure in loc. cit.

³ Internationale Zeitschrift für ärztliche Psychoanalyse, Vol. II. p. 161.

similar observations. He cited the case of a man who felt unable to marry any girl from his native town and native province.

That man is also repelled by girls whose eyes or hair resemble his sisters'.

Some neurotics fail to realize the origin of that sexual aversion; others are fully aware of it.

A patient of Jewish race told me that he would never marry a Jewess, for he couldn't help seeing in every Jewess his own sister. As a matter of fact that patient was affected by an unusually strong incestuous fixation upon his mother and sister, a diagnosis confirmed by his neurosis (agoraphobia) (?) At the time of puberty he had indulged in sexual contacts with the other children of the family.

Another patient, also of Jewish origin, related to me very similar facts regarding his preferences as to women. He had fallen in love several times with girls who in their appearance were absolutely the opposite of the Jewish type, for instance with a blonde Danish girl.

In a third case, conditions were exactly the same, but the patient didn't realize the origin of his racial sympathies and antipathies.

In all the cases I could investigate closely, I observed, besides an irresistible positive fixation of the libido upon the next of kin, a decided hatred of the patient for his own parents. In certain cases the patient hated his mother, a feeling due to a disappointed incestuous love; in other cases the patient hated his father, a fact due to the Oedipuslike position the son found himself in.

Such a feeling of hatred is for the son a strong incentive to go away from his family. He seeks to break not only the bonds that unite him to his blood relatives but all relations with the rest of his family.

A new light is thrown on frequent phenomena of two different kinds by considering them from this angle.

The first class of phenomena I intend to touch upon is a number of the so-called mixed marriages. I allude especially to the intermarriage of Jews and Christians in countries where the majority of people are of the Christian faith. It is in some cases the fear of incest, in other cases an aversion for one's family which is not infrequently at the bottom of mixed marriages. I could trace many instances to that cause.

I also wish to call the reader's attention to a class of men who at a very early age, most of them yielding to the thirst for independence which characterises the period of puberty, leave their native country and marry a woman of a different race in some exotic land. I have on hand a whole series of very instructive observations on that subject.

Freud's latest investigations have pointed out to us certain similarities in the mental processes of neurotics and of primitive races. In this connection we may recall the marked aversion to incest noticeable in both neurotics and savages. This fear of incest expresses itself most strongly in the legislation of some ethnical groups whose greatest concern is apparently to prevent incest. The most effective and far reaching measure of that sort is the custom, adopted by many primitive tribes and known as exogamy. It forbids sexual relations not only between blood relatives in the strict sense of the word, but even between members of the same tribe.

We have seen that many neurotics, prompted by an inner urge, only feel a leaning toward persons belonging to a different race. In these neurotics the inner urge has the same effect which an outward, lawful form of compulsion has upon men of primitive tribes. We are therefore perfectly justified in characterising the phenomena we observe in neurotics as exogamy. The neurotic and the ethnological phenomena which we designate by the same word have absolutely identical origins and identical aims.

Editorial

WHEN IS COITUS MOST LIKELY TO RESULT IN CONCEPTION?

In the April issue of *THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY* we had an abstract of a paper by Dr. Siegel, in which he gave the results of a study of 100 cases of conception in which the time of coitus could be definitely ascertained because the fathers were soldiers sent home on very brief furloughs.

He has now investigated 220 more cases and the results are essentially the same as those obtained in his first series. They

demonstrate that the most likely time for conception is during the first days after menstruation. The likelihood of conception grows gradually less until for five or six days preceding menstruation the woman may be said to be practically sterile.

The probability of conception in the few days following menstruation as compared to the few days preceding menstruation is as fifty to one. Where the soldier came home during the few days preceding menstruation and left before menstruation passed, no conception took place.

Dr. Siegel's findings are very suggestive and may be assumed to be correct. However, we must remember that they only have a relative and not an absolute value. For, as we said many times, there is no day in the month in which the female of the human species may not conceive. The orthodox Jews abstain absolutely from any sex relations during menstruation and during the seven days following menstruation and still they are one of the most prolific of all races. Again we know personally a number of cases where conception took place one, two or three days before menstruation. So there is no absolutely sterile period in a woman's life, but relative sterility may be said to exist.

Dr. Siegel has also been collating data concerning the sex of the child. He divides the 28 days into four periods: The first period is from the 1st day of menstruation to the 9th day. The second period includes five days, from the 10th to the 14th. The third period includes seven days, from the 15th to the 22nd. The fourth period includes six days, which the author does not consider, as during these six days the woman is practically sterile.

A study of 80 cases yielded the following results. The pregnancies which took place during the first period resulted in 37 boys and 7 girls; those of the second period in 4 boys and 8 girls and those of the third period in 3 boys and 20 girls. If a study of a larger series of cases should corroborate Dr. Siegel's results, we would possess valuable data both as to the best periods of conception and as to the regulation of the sex of the child. We would know that the best time for conception is during the two weeks following menstruation, and that if a boy is desired coitus should take place as soon after menstruation as possible, and if a girl is desired coitus should take place seven or eight days before menstruation.

Letters to the Editor

CONTRACEPTION OR ABORTION—WHICH?

Editor AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY:—

The perusal of Doctor Talmey's article in the August number of the Journal is bound to be disappointing to the thoughtful, earnest seeker after truth. The Doctor gives to his article the title "Abortion or Contraception, Which?" but where and when in the fifteen or twenty pages does he answer his own question? Does he believe in abortion or contraception or both or neither? Readers of your journal enjoy facts and arguments and logic but they also want conclusions and here at least is one reader who fails to see wherein Dr. Talmey has arrived at any thing but "glittering generalities" in his lengthy paper. One is at first led to believe by his arguments about the fetus being part and parcel of the mother's body that he believes that for her to seek its removal is no more of a crime than it would be for her to seek the removal of an offending appendix or tonsil and yet on page 353 one reads that it is a crime for any physician to destroy a potential personality. Are we to understand that the Doctor advocates the legalization of abortion but only in the form of "auto-abortion"? Would he have the physician in the position of one who must not commit a murder but who may assist in disposing of the body after the mother has taken her unborn infant's life? He says "the initial operation is easy. Thousands of women perform the same upon themselves." Does then the Doctor want the use of catheters, hairpins, etc., to be made legal if used by the individual herself and make it safe and respectable for the gynecologist to repair the damage she has done to herself?

The modern woman is, we must admit, wise as to the methods to be adopted to bring about an abortion, but her knowledge of her own anatomy and her ability to practice asepsis are practically nil, and it is only by the Grace of God and the marvelous ability of the tissues to resist infection and to repair the damage done through ignorance that any of these auto-abortions result other than fatally to the mother as well as to the fetus. It would seem obvious to any one that if abortions are to be done they should be done as a minor surgical operation by one who is not only

authorized by law to do them but who knows enough about the anatomy of the pregnant uterus to do them skillfully and cleanly and with a minimum of danger to the unfortunate woman's life and future health. To call in a consultant "in time to save the woman's life" seems hardly in keeping with the modern teachings of surgery and gynecology.

Abortions, Mr. Editor, should be legalized, but not by any means all of them. To make it legal to allow a woman, who is abundantly able physically and financially to bear and to rear a child begotten in wedlock, to have an abortion done for no other reason than that she does not want to accept the punishment and restrictions of motherhood would be a crime against society. To deny to a girl who finds herself pregnant out of wedlock, a girl whose station in life is such that to bring a child into the world would be but to hang a millstone about her neck, the relief of a legalized abortion, is likewise a crime.

Such a mother is invariably a social outcast, the innocent fruit of her indiscretion is branded with that unjust and cowardly epithet, bastard, and in a vast majority of instances it is as impossible for the girl to "come back" as for the camel to pass through the needle's eye. To say that to legalize such an abortion would increase the total number of "bad" girls is as absurd as to contend that it is wrong to parole a prisoner or to adopt into a respectable family the child of unmarried parents.

The writer appreciates that in asking that Dr. Talmy be more specific in his conclusions he is stating no conclusions himself, but this letter is not an article upon the subject, but only a friendly criticism of what is otherwise one of the most readable things that has appeared in the Journal.

208 Hamburger Building,
Los Angeles, Calif.

Very truly yours,
A. R. ROGERS, M.D.

Miscellany

STERILIZATION OF THE INSANE.

DR. HELEN J. C. KUHLMANN.

IN an article on the subject (*Woman's Medical Journal*, July, 1916), Dr. Helen J. C. Kuhlmann, discusses the question whether it would be desirable to pass a *law* making Sterilization *compulsory* in certain cases.

The writer believes that in the light of our present knowledge such a law would be decidedly *injudicious*: it would arouse the antagonism of the people, reduce the number of voluntary admissions, and *defeat its own end*.

She maintains that meanwhile we can get along without a law of this kind if we use *discrimination* as we are not dealing with a homogeneous group; she thinks, we must try to obtain the permission for sterilization from the relatives of the patient when the operation appears to be *imperative*. From her own experience in the State Hospital, Buffalo, N. Y., Dr. Kuhlmann cites a few instances where sterilization was *advisable*, and others where an operation would have been *unwise*.

FIRST CASE.—Patient admitted in September, 1907, 22 years old, 3 years before married to a butcher. Patient comes from family in which manic-depressive insanity was rampant, moreover, her mother having had 14 children. On admission patient was suffering from an attack of acute mania and in a condition of marked exhaustion. She was discharged recovered three months after admission. Readmitted in April, 1911: had been well in the interval and given birth to 3 children, two of them twins. Was sterilized in November, 1911. By March, 1912, she was quiet and self-possessed. Six months later, discharged recovered. Is well now since 4 years. Writer thinks tho she might have another attack, her chances are better now when she can bear no more children, and the race is saved from more manic-depressive cases.

SECOND CASE.—Saleswoman, American, 20 years old. Admitted in December, 1910, in a condition of acute maniacal excitement with extremely erotic behavior. Ten months after admission had quieted down sufficiently to be given parole, but was returned

with same symptoms six months later. Examination showed a markedly overdeveloped clitoris and large turgid labia. On account of utter lack of sexual control, permission for sterilization was obtained from parents. The tubes were exsected and the vulva injected with alcohol which was followed by complete anesthesia of vulva. Patient felt less troubled with erotic excitements. Discharged in April, 1914. Readmitted in January, 1915, in a condition of excitement: had quarrelled with family and fallen in love with chauffeur of her employer, a physician. By June, 1915, quieted down sufficiently to leave hospital. Writer heard that meanwhile girl has married chauffeur.

THIRD CASE.—Girl, 19 years old, an imbecile with absolute lack of moral sense. Admitted in May, 1914, on account of an outbreak of excitement. Sterilized and transferred to Custodial Asylum.

FOURTH CASE.—Polish woman, 24 years old, married, suffering from epilepsy. Admitted in March, 1914, when 7 months pregnant. On admittance in an epileptic confusional state, from which she passed into condition of extreme excitement, having 172 convulsions in a month. From April 29th to delivery, May 7th, urine showed many hyaline and granular casts and some albumin. Was sterilized August 4th, went home August 30th. After 6 months writer found her bright and happy and with only 2 or 3 convulsions in a week.

FIFTH CASE.—Swedish woman with poor family history, 34 years old, married, mother of 4 children. On admittance, in May, 1912, presents all the characteristics of paranoid *præcox*. After sterilization improved considerably but retained the paranoid trend. Was taken home by husband against advice.

SIXTH CASE.—Woman, 37 years old, but of youthful appearance, with good family history, but living with good-for-nothing husband. Broke down after birth of 5th child. On admittance suffering from manic-depressive insanity. As repeated pregnancy was feared, sterilization appeared advisable.

In the following two cases the writer declares that the performance of an operation would have been absolutely *unwise*.

FIRST CASE.—Woman, 31 years old, well-educated, altruistic and reliable; in her family no insanity nor other nervous trouble. For 7 years kept company with a man who intended to marry her, and became her husband 4 months before her baby was born. She continued to worry about the disgrace and after delivery developed

an attack of great depression. Gradually she learned to accept the situation, made an excellent recovery and subsequently had another child.

SECOND CASE.—Woman, 33 years old, developed severe attack of depression after birth of 5th child. A month before delivery had lost 2 children of whom she was very fond. On admission, in 1893, she was desperately suicidal. Improved slowly. Discharged completely recovered in March, 1894. During the present year (1916) writer has seen her: she has four additional children and leads a normal, healthy, happy family life.

Dr. Kuhlmann thinks that in many cases of dementia præcox *the matter takes care of itself* for many are permanent hospital residents, while others shrink from the normal outlet of the instinct—their sex life being auto-erotic and mental rather than reproductive.

THE SOUTHERNER LESS OBSCENE.

The safest foundation for the treatment of sexual matters is to be found in a natural way of thinking and feeling. In a nation which regards the sexual impulse as natural and truly human there will be less tendency to the misuse of that impulse. For this reason, though perhaps in many respects more sensual than the northerner, the southerner is less inclined to obscenity and pornography. A glance at the sexual life of Italy will convince us of the truth of this view.—ROBERT MICHELS.

KEEP AWAY TEMPTATION.

“You cannot take a child into a pastry-cook’s shop and show it an abundance of the tarts and cakes of which children are so passionately fond, without giving it one or two to eat; such a test would be too much for the childish understanding. When dealing with things which childish greediness makes dangerous, it is no use speaking mysteriously to a child of carious teeth and of a disordered stomach; it is better to keep the temptation altogether out of sight. Sexual timidity is a better safeguard against licence than a detailed knowledge of sexual matters.” (Hans Dankberg).

VIRTUE BY COWARDICE.

The worst outcome of sexual enlightenment effected on purely medical lines, arises from the nature of the material with which

such an enlightenment works. Thus, the doctor does not attempt to establish the criteria of normal morality in sexual relationships, but simply endeavors to arouse fear in the youth's mind by depicting in lurid colours the results of sexual excesses. In the best event, he induces chastity only through the fear of syphilis. Thus is fortified a sentiment already far too widely diffused throughout our intellectual and social life, and one hostile to all true progress—the sentiment of cowardice.—ROBERT MICHELS.

THE ADULTS IN NEED OF SEX EDUCATION.

The greatest difficulty of all in connection with the work of sexual enlightenment concerns not the children but the adults, the teachers not the taught. Adults educated on the old systems find it difficult to free themselves from embarrassment when they have to discuss sexual matters with their juniors; their explanations are thus deprived of all natural spontaneity. Indeed, if there be one matter more than all others in which all affectations and all abruptness must be put aside it is this matter of sexual education.—ROBERT MICHELS.

CHASTITY A MEANS, NOT AN END.

Sexual love is one of the primary physical needs of the human race. For this very reason, chastity has a practical value, but it has such a value only as a means to higher ends. As an end in itself, chastity is unnatural and absurd. The sexual need takes the form of an urgent impulsion. In the case of every organ of the human body there is experienced an instinctive tendency to the exercise of its normal functional activity, and the sexual organs share this universal tendency.—ROBERT MICHELS.

THE SANCTUARY OF LOVE.

It is only among a very small number of savage races that sexual intercourse is practised in public. In all the peoples of ancient civilization lovers who wish to engage in the actual service of the god of love withdraw to a holy-of-holies, jealously secluded from the vulgar gaze. Often this sanctuary is some fragrant nook in the woods, where the wild bird is priest and bright butterflies poised on tall, many-coloured flowers are the witnesses—perhaps the most beautiful of all places for the votaries of Eros. Such a place as this will be preferred chiefly by couples whose union is not legally recognized, and is perhaps incapable of such legal recognition; but at times will be attractive to a married pair poetically or romantically inclined.—ROBERT MICHELS.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

OCTOBER, 1916.

No. 10.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE LAW AND THE FATE OF THE ILLEGITIMATE CHILD.

BY DR. HENRIETTE FÜRTH

THERE is nothing more worthy of pity than a suffering child. There is nothing so helpless as a child to which the Law denies its protection. We grown-ups understand and can defend ourselves, but a child knows not why it suffers. Helpless and without understanding it must meet its suffering whether this be bodily or spiritual. It knows not how to protect itself nor how to fight for its rights. That is why nothing cuts deeper into our souls than the sight of a suffering child, nothing which calls for more urgent attention and assistance.

Nevertheless, Society, Morals, Law—all of the protective forces of life—have conspired against the life of the illegitimate child. They have made its very existence, for which it is guiltless, a reproach and deny it the protection of the law. They have cast it into the abyss of poverty and neglect, of contempt and shame, and then held it responsible for the sins committed upon it. And like the widening circle of waves from a stone dropped in the water so there emanate from this cruel injustice to a helpless child poisons which attack the very vitals of the social organism. For, this crime against the illegitimate injures not only these unfortunates. Their claims for sympathy, help and understanding become ultimately a part of the general welfare and of the cultural and moral elevation of the community.

As to facts: The illegitimate constitute an appreciable percentage of the total number of births. In Germany alone, the

number averaged nine percent of all births between the years 1881 and 1910, that means about one child out of every ten is branded as illegitimate.

It is claimed that the illegitimate are essentially a degenerate stock because of the higher infant mortality and because of the fact that a large percentage of them enter the ranks of the criminals and prostitutes. But—and this is the Gorgon head of our social injustice which grins at us from that assertion—not because the illegitimate are degenerate stock, but because in many cases they are of our so-called best stock they often perish the more readily from the neglect and privation at the most dependent period of their lives. This fact has been amply shown by the work of Neumann and also by Spann—"Die uneheliche Bevölkerung in Frankfurt a. M." The last named work shows clearly that the illegitimate do not enter the struggle of life worse equipped than the legitimate either in the physical or spiritual sense,—in fact by no means a small number have a better equipment—and that their ultimate fate is the result of the unfavorable living conditions to which they are subjected.

Spann shows the evil conditions to which these babies are subject. Among others he indicates: the frequent change of nurses or care takers, poverty, and unhygienic conditions whence arises the fact that so large a contingent are forced into the class of unskilled labor, to criminality, to prostitution and a general worthlessness. And he shows that to transfer these illegitimates to more favorable and properly regulated conditions is at one with moral regeneration.

Thus if the mother marries a man other than the father of the child—if she marries the father the child becomes legitimate—and the child becomes a member of its stepfather's family, the child can in no way be distinguished from the legitimate children of the same union. "The stepfather-family for a given social niveau is not different from that of the normal family of the same level as regards the possibilities of bodily or spiritual development. It shows none of the phenomena of illegitimacy."

The actual illegitimate whose mothers are alive and remain unmarried show both in body as well as in training for work an appreciable amount of degeneration.

On the other hand the orphaned illegitimate occupy in these matters an intermediate position with regard to the illegitimate and those which enter family life as step-children. Consequently *it is*

better for the illegitimate child if its mother dies than that she should remain alive and unmarried.

With respect to criminality it appears that an appreciably greater number of the illegitimate become criminals than of those born in wedlock. The figures being 10.9% of the former to 7.7% of the latter, and the former average a longer period in confinement. This higher criminality is however to be attributed in part to the fact that fewer of them have any opportunity to learn gainful occupations. (Spann).

Illegitimacy and hopeless destitution are for the most part identical terms. There is no father to assist and among the mothers many are only too glad to shirk any responsibility, or only fulfill it in incredibly bad ways. Others lose both their position and sustenance through their misfortune. Shame and need here combine to murder the mother and ruin the child. Others, true heroines of self-sacrificing motherlove, at the cost of their whole strength can barely supply the most vital necessities. But these have no strength left to spend on the care and upbringing which would mould the child into a useful man. In view of all these disintegrating factors it is a high tribute to the fundamentally sound quality of the stock that so large a percentage of these unfortunates should get on so well in the world.

Having seen the nature of the factors which tend to make the illegitimate a less valuable portion of the community, it may be worth while to examine the relation between these children and the social organism, to note the injurious effect of our present method of handling the problem on the general welfare. First of all we have to view the facts in relation to the community. The illegitimate constitute an appreciable percentage of badly fed, neglected, untrained children, brought up without discipline of any sort, deficient in both bodily and spiritual powers of resistance, without proper schooling or training and cast into a struggle so severe that only the most adaptable and well prepared can hope to achieve even moderate success. Consequently many of these handicapped children become pariahs and in a disproportionate number fill the prisons and the ranks of the prostitutes. And thus the injustice revenges itself upon society. Those upon whom we have heaped shame and disgrace become in turn a shame and disgrace to us and threaten not only our bodily, but also our moral and spiritual wellbeing. They lay upon us in return for the neglect of their

infancy the expense for prisons, jails, hospitals, etc. So that instead of becoming a positive addition to the human wealth they become a negative factor in the folk-balance.

We may be perfectly certain that we could very appreciably reduce the number of our prisons and hospitals while increasing the productiveness of our people in economic and spiritual ways if we could bring ourselves to a proper handling of the problem of the illegitimate which would make of them a benefit instead of a burden to society. The first essential of such a change is a complete transformation of our conventional emotional attitude towards this question. Deep in our hearts most of us have rooted the conception that the present legal or conventional rules concerning sex are truly the eternal order. This is contradicted by the fact that the monogamous marriage is of relatively recent date, and that for a long time it was merely a civil bargain which first received its sacramental character at the Council of Trent (1545). The life-long monogamous marriage is for the most part of the nature of a property right in origin. There are not lacking indications that its days in that regard are numbered. Nevertheless it *will always remain as the highest imaginable ideal of human sexual relations: of that we may be certain.* But we may expect that with the change in our social organism, and especially with the economic independence of woman from man, *more easily dissolved relations will develop which will not, however, involve a complete renunciation of legal responsibility.* At any rate, it is folly at the present time to designate every relation other than those which have legal sanction as immoral. But it ought to be wholly impossible to regard a child of such extra-legal origin as less worthy. As the fundamental criterion in judging the value of the product of any relation either within or out of marriage, we should consider the relation of the parents to their offspring.

If the unmarried mother was certain that instead of being treated with contempt and made an outcast, her position would be entirely determined by the care and training she gave her child, many an abortion and many child murders would be avoided. Many a mother who today breaks down under the burden of shame and poverty and curses the child to which she gave life, would meet the future proudly and without anxiety. Many children would be better born and we would not have to record so many loveless and neglected lives.

To Norway belongs the credit that, at the instigation of Minister Castberg, the first attempts were made to place the legitimate and illegitimate child on an equal footing. And while his measures have not yet been accepted, the general opinion is so thoroughly in accord with them that we may safely predict that before long this measure of justice will have been accorded, and a child will receive that to which as a child it is entitled. An approach to this ideal also occurs in one other European state. In this case the origin of the measures lies in the conception that the State as the representative of the whole people accepts a responsibility for the child. The first paragraph of the new Hungarian law for the protection of children reads: "Every child which can not be cared for by its kindred, has a claim for care upon the Hungarian State." And the motive for this law is: "In the new order for the care of forsaken children, the State, not from love for the child—that is the affair of common humanity—but of right gathers the weak to its protection." Meanwhile, with us the problem of the illegitimate is handled in a manner which is so in contradiction with the requirements of an advanced moral culture that as a part of reasonable social politics it must be changed. The old German Law did not recognize illegitimacy in the sense of a child without legal rights, and only in later times did the law add the stigma of dishonorable to that of illegitimacy. But it was reserved for our own time to add the cap stone to the structure by that monumental decision that an illegitimate child was not related to its father. This decision has been slightly moderated by making the father of an illegitimate child responsible for its nourishment until it is old enough to earn its way. But even this small right has been seriously diminished by the acceptance of the *exceptio plurium* which conscienceless fathers not only take advantage of, but most carefully prepare in advance.

All of these facts stand in glaring contradiction to our assumption of an advanced moral sensibility. For while this requires that the law can not interfere with the individual rights in the sexual sphere, these rights reach their limit where they affect the rights of others, and there the State as the representative of all, must intervene. One may regard such a statement as sophistry, since any normal sexual manifestation always involves a partner and therefore the rights of another and of a possible third party, the

child. But this absurdity is only apparent. In practice however, a normal sexual activity concerns itself only with the activity of two free agents. The law recognizes this fact when it places a heavy penalty upon force in this relation. Even less understandable is the complete silence of the law as to the other partner, indeed, it takes a partisan interest in the male partner. Consequently, if the law makes free will the criterion of justice in the sexual relation, it is absurd to make one of the parties, and in this case the weaker one, wholly responsible for the results of what it regards as a legitimate exercise of the sexual rights. It makes the mother responsible for the burden of the illegitimate child, if not *de jure*, certainly *de facto*.

The child requires protection, and if one of its natural protectors, the father, withdraws from that duty, then the community as a whole, that is the State, as the representative of society, must assume the father's responsibility. That we have learned from the Hungarian law. The proposition there applied is not only ethical, it is of all things economically sound. Since the problem of illegitimacy is not only a problem of sexual morality: it is even more a problem of the physical and psychic public health. As things stand today, Spann has adequately shown that the illegitimate constitute a degenerative element not without its danger to the community. The child exclusively surrendered to the control of the mother experiences the degenerative influence of complete neglect with its concomitants of poverty and destruction, *while the fully orphaned child is adopted and cared for by the State.*

We have only to look at this fact to see how fragile are the concepts back of the state regulated sexual morality and also to realize the need of formulating some definite attitude toward the problem of illegitimacy.

Whatever position one takes as to sexual morality and the state regulation of it; the child has its claim to the protection of the law through the mere fact of its birth. Therefore the parents of the illegitimate child must be made to assume the responsibility lest the child be not only excluded from the beneficent influences of family life, as well as from the right to inherit, but also be injured through neglect and poverty. As a welcome by-product of a more responsible attitude, we may reasonably expect a greater reluctance to enter into these illegal relations and a more frequent legalization of such. At any rate the requirement of a legal equality of the

legitimate and illegitimate is a matter of the higher justice which must decidedly affect the quality of our civilization. If we aspire to be the bearers of culture whose duty it is to awaken and cultivate a richer personal life and to make the respect of our neighbor the foundation of our life work, then we have the duty that whatever is human, and above all the forsaken and neglected children, must be included in the general increase in happiness.

But beyond any argument, the present practice of these war times shows that the world no longer goes to the old tune when we consider this problem from the standpoint of humanitarianism. The law of Aug. 4th 1914 provides that illegitimate children who are recognized as such by their fathers in the field shall be entitled to the benefits of the act providing assistance to the families of soldiers. And in answer to a petition from the Bund für Mutter-schutz the administration expressed the opinion that the State was under obligation to assist where the father who would have been responsible for the nourishment of the child, gave his life for the Fatherland. The act of Aug. 24 extended the law concerning aid during the puerperium to the wives of soldiers, to include also unmarried mothers if the father acknowledged the child. But the unmarried mother and her child are still unprotected if the father's recognition is lacking. And this is true whether the parentage was contested or merely that the father fell before the acknowledgment could be effected. Those who are working among those families who apply for this special war-help know how hard this fate falls upon these unfortunates. So we may credit the administration with having taken a step, but no more. In view of the tremendous losses of these horrible days it is the duty of those in power to see to it that whatever can live, whether legitimate or not, shall receive a friendly welcome to life and the most favorable conditions for growing up. Not only for humanitarian reasons should they do this, but also for the sake of the people and the Fatherland must we have an abundant crop of healthy offspring. We recall a similar situation at the end of the Thirty Years War. At that time a number of regulations were promulgated with the idea of increasing the population. The monarch stood godfather to the twelfth child, and this involved a money gift or premium for large families. In some states parents were legally obliged to marry off their daughters. Friedrich with the same purpose in view, shortened the period of mourning for men to three months, and for women to

nine months. He made divorce easier and in other ways encouraged a rapid increase in the population. Friedrich started from the assumption that the power of a state lies not in the extent of its lands, but in the richness and number of its inhabitants. Whatever position we may take towards the question of population the present situation forces us to a move in the direction taken by Friedrich.

The mere fact of its existence gives the illegitimate child a certain claim upon the State, as the representative of all, for protection, but there are other considerations. Justice is a stern goddess. Obedience to the requirements of Justice and mercy are fundamental to what we call humanity and we can not expect to violate these ordinances with impunity. We should not presume to set up in place of these broad principles our own petty conceptions of justice, which after all, are often no more than an inexcusable selfrighteousness. These provincial and hide-bound conceptions of justice we often pretend are the eternal verities, but justice itself is founded on the inevitable reaction of all to the influences and conditions of existence. Observation shows that not the temporary conventions constitute justice in the higher sense, but that this lies rather in the proper appreciation of the conditions for progressively bettered existence. From this point of view monogamy is not the only possible and eternal condition, but rather, that condition which has best served the social advancement along the lines of our development. In the course of monogamous development we have advanced from the animal automaton toward differentiated individualities. The primitive men at first merely ran together, later they married their kin, still later their property, and nowadays they desire each other. The civilized man desires not merely a temporary mate, but a life long associate who shall share his fortune and inspire his developments, one who as the result of a long life together shall become really his. This evolution may properly be ascribed to the monogamous relation.

But alongside have always been other forms of sexual relations. They may be occasionally, or perhaps, always, of less worth (worth not in the sense of conventional moral judgments, but in the sociologic and eugenic relation) but never of less right. From the viewpoint of eternal justice one must admit that any form of sexual relation in so far as it rests upon a genuine impulse, or upon natural and therefore self justified desires, has a valid foundation.

We have here to change our conceptions, to understand where we must not follow, to allow justice even where we can not approve.

That which justice demands is here emphasized both from the biological and political requirements, namely, that we accept the illegitimate. It is no indifferent matter that every year there are born about 180,000 children sound in body and soul, who through neglect and social injustice must in part die in infancy, and for the rest develop into disproportionately less valuable members of the community. The mothers become in large part prostitutes or go to the dogs, while the children fill the ranks of untrained labor or as has been amply shown, because of the unfavorable conditions of life become a charge upon the community. On this point Gruhle concurs with Spann and Neumann. He quotes Neumann: "A large number of the illegitimate die in infancy after a short struggle with fate, another portion die because the hardships of infancy have reduced their vitality to much below average. Only a small number pull through and they differ but little from the legitimate physically. Reared in poverty the majority of them have learned no occupation of any kind and stand at the foot of the social ladder. The tendency of this social class to run contrary to the civil code, is highly developed in the illegitimate. Large cities seem to favor this, since of those released from prison, the illegitimate returns less often than others to respectable ways of living. By the time he reaches manhood he is usually a hardened criminal."

"From the material at hand we can not attribute to the illegitimate a specific weakness for crime. In youth they show a slightly greater inclination for crimes against property and begging. It would be unfair to say that this was more due to an inherited taint than to the conditions of their lives. The faulty rearing and the lack of family support may easily lead to a fall, and the illegitimate has great difficulty in recovering morally. Often the lack of means allows neither a suitable family care nor any preparation for an occupation so that it is only with extreme difficulty that such a child can get ahead."

Later he says: "there is not the least foundation for attributing to the illegitimate child a special anti-social taint," and concludes; "The evidence indicates that we must attribute the more frequent criminality and worthlessness to the unfavorable conditions under which these unfortunates grow up."

This being so, it is obviously our duty to meet this situation frankly and eradicate from our minds the prejudice and its conse-

quent injustice. And we have to so revise our laws and customs that the illegitimate will receive the same opportunity and care as the legitimate of the same social class. If we should grant such a child the same rights and opportunities, and free the mother from the danger of poverty following upon motherhood with the consequent evils, we should do more for the moral and physical social health than the mere figures on illegitimacy would indicate. Since every community is a living organism and draws its blood from all classes, the healthy and unhealthy streams affect the whole body. Only as we see to it that the blood from all parts of the organism is as healthy as may be, can we hope to develop a genuine social health.

This factor is of the greater importance just now because of the frightful loss of blood which our people suffer. When we suffer so great a loss of our best and noblest, we should properly look to the possible sources of recuperation. These frightful days have literally hammered into us the consciousness that not quantity but quality counts. The keenness of the leaders and the moral quality of the led is decisive. Numberless as the sands of the sea the Russian hordes swept towards us. They were repulsed not by numbers but by the spirit of our men. And in the seriousness of this time we have learned to lay aside party strife and personal prejudices. We have more serious matters in hand.

These pregnant women, married or unmarried, carry the future of our people in their wombs. It is for us to care for these future mothers and children without discrimination. We must see to it that the illegitimate are given such legal and other protection that they shall become useful citizens. Tolerance, justice, and eugenic considerations alone will not suffice for a complete answer. Tolerance allows an understanding of ways of life differing from our own. Justice allows to each his portion according to his merit and need. Eugenics deals with those ordinances which have for their purpose the development of a sound biological stock. More than these we need a sound appreciation of the dignity of the creative function in order to solve the problem of the illegitimate.

Love is the strongest power in the world, and the love of one's neighbor the life-bringing dogma of religion. We have recently passed the fallacy that the struggle for existence, in the sense of all against all, was the foundation of existence. It was cooperation that made social progress possible; and these heavy times taught us that motherhood is sacred and beyond our petty notions of propriety.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE SIGNIFICANCE OF SUGGESTION AND OTHER PSYCHIC FACTORS IN OUR SEX LIFE.

BY DR. L. W. WEBER, Chemnitz.

OF the two great impulses which rule our lives the sexual has acquired exceedingly complex forms in the course of our developing civilization. No longer is it a mere reproductive function. Out of the primitive impulse have developed most varied forms of expression, and its ramifications set the tone for all phases of our activity. Naturally these transformations are chiefly effected by psychic influences which have their origin in our social development. I shall confine myself to the observations from my own practice without touching upon the fields of history and anthropology.

Let us consider the influence of these psychic factors upon the normal sex phenomena and their development as well as their influence on this impulse in the service of other activities (sublimation). We may also consider not only the abnormal conditions such as the obvious perversions, but also those cases where beneath the surface apparently normal, we may suspect an abnormality of the sex life. In speaking of these influences as suggestion I am using the word in its broader rather than in the technical sense. I refer to those more or less conscious memories which determine the educative or seductive power.

First let us consider the awakening of the sex impulse. The Freudian school believe that sexual feelings, sexual activity, begin in earliest infancy and that later these are repressed through cultural or social influences (shame) or that in part they are diverted into other channels. Thus even in infancy normal children are said to show true sexuality though it is conceived as polymorphous-perverse. That is, the impulse does not direct itself exclusively toward the other sex but rather is directed upon the child's own person (autoeroticism). The various pleasure sensations are regarded as diffusely sexual. Later this sexuality concentrates upon the parents as incest-wishes. These ideas are based upon psychanalytic studies both of children and the infancy memories of adults.

Thus the awakening of sexuality is a natural phenomenon and requires no seduction from without. The sex impulse is

* Condensed from Archiv für Sexualforschung, I, 10, 1915.

supposed to be originally not reproductive but merely a pleasure producer. Objections to this hypothesis have been met with the statement that the Freudian school conceives the libido in a much broader sense than heretofore. In fact it includes approximately the sum of all our life activities (Jung). They also claim that these activities of infancy are not forgotten but are merely driven back into the subconscious and only to be revived by psychanalysis.

On the basis of my experience with my own as well as with the children of others I am distinctly opposed to this conception of a polymorphous-perverse stage in the development of normal children. The majority of healthy children experience neither conscious nor unconscious feelings which can properly be called sexual, before the eighth year. Neither does the question as to where the children come from play so important a role in their fancy as Freud and his followers believe. It is also doubtful if the alleged memories of feelings experienced between the second and fifth year should be accepted without reserve even when they are brought out by the method of psychanalysis. Indeed Jung says that many alleged sexual traumata of early childhood are mere fantasies of later life.

With predisposed hyperesthetic children one may observe sexual manifestations due to external influences. This congenital sexual constitution is not necessarily an evidence of mental disease nor of a psychic inferiority, but it does indicate an increased irritability. Hence most of these infantile sexual memories have been found in persons who later developed anxiety neuroses. We can not consider in this place the significance of these phenomena for the problem of degeneration, but will confine ourselves to the other factors which are for the most part psychic.

In all classes of society, town, city, on the street, even in the family, children hear and see sexual activities as soon as they begin to take notice of their surroundings. With normal children these influences induce neither sexual sensations nor spiritual conflicts. The easily stimulated child reacts one way or another depending on the strength of the influence, whatever its nature.

We must recognize the existence of Mass-suggestion which occurs in speech, in example, or hints, within the family circle or at the movies. Among the most potent we must recognize the habit of allowing the child to sleep in the same room with the

parents. The child may observe the relations between the parents or be subjected to excessive caresses from the mother or nurse all of which are strong stimulants. Among the useless and quite injurious influences is a constant reminder to the child not to handle its genitals or a too early illumination in matters of sex. The error of certain kinds of punishment is well known. Very many well situated children grow up in an atmosphere which is nevertheless strongly colored with sex. Thus for example, caresses between the parents or others may be very suggestive as is shown by Freud and Jung's analyses. The mother's menstrual period may become a factor, especially if she emphasizes it as by compelling the whole family to humor her at such times. Keller was right when he said that clever persons educate their children less with their tongues than by their actions.

In the case of older children the movies are apt to be very suggestive. Here the very elaborate settings, the glitter of wealth, the adventures, the sentimentality, combine with the crowd sitting in darkness and not infrequent opportunities to witness erotic manifestations among certain of the audience. One can truly say that for easily stimulated children the influences are partly unconscious and partly intentional suggestion.

At whatever time the impulse awakens we have to consider the fixation of the sexual object, the form of gratification, and the sexual goal. Here the psychic influences are most important. The fixation on the sexual object, that is, the choice of the person towards whom the inclination strives is doubtless determined largely by the secondary sexual characters and the sensual desires which these arouse. The influences which are most active here are very much like suggestion. Some trifling quality barely grasped by the senses alone is often enough to catch and hold the affections. To this category belong those stories of how some little mannerism or even some peculiarity in dress was a deciding factor in the choice. These can be explained psychologically by assuming that the peculiarity in question is associated with some earlier sexual emotion. Its weight is determined by the fact that it is associated with other pleasurable sensations which are now revived and transferred also to the object of interest. Along with these sensory components are others purely psychic which play a part in the choice. Naturally I do not refer to those conscious mental processes such as go with marriages for wealth or con-

venience. One meets frequently cases both in free-love and in marriage where the love seems inexplicable on a closer acquaintance and where the explanation does not rest wholly upon the sensory components. In these relations the sexual activity may be minimal. The situation is the more puzzling since it often involves a complete renunciation of the individual's previous social and ethical ideals. Here the Freudian school has supplied a clever explanation in their hypothesis that the choice was determined by unconscious memories of earlier loves or in the extreme cases of earlier recollections of parents. I do not believe that these childhood memories are necessarily of the classes indicated by the Oedipus-complex. The family life may very well have supplied the pleasurable sensations which have later entered into the grown-up's choice. In these cases psychanalysis ought to furnish much information.

Mass-suggestion plays a role in the choice since certain persons through their notoriety attain to something like a sexual overvaluation. (Newspaper or stage celebrities or even criminals.) Similarly certain social groups are given preference, as military men, students, actors, etc. All of these phenomena have the common quality that the original impulse has taken its direction as the result of all sorts of accidental psychic moments.

The sense of shame which has come about through cultural restrictions greatly affects the life of the individual. This sense of shame serves not only to distinguish human love from that of the animals but it also enhances and maintains it. For this reason it seems unwise and unnatural to try to avoid completely the development of this feeling in children. Too much freedom in this matter would under present conditions give rise to conflicts both physical and spiritual. I also believe that a feeling as ancient as this requires no special encouragement to develop properly in the individual. In general the example of those about him will suffice without any words. On the other hand I believe that precocious sexuality and shamelessness arise in an atmosphere saturated with sex. Excessive emphasis leads to prudery and sexual covetousness and falsity, as is amply shown by both the individual and social psychology.

Those psychic moments which result from the social relations between the sexes are especially significant. For example, the changes which have occurred in the 19th century. In the be-

ginning embraces between other than lovers were common. Later these freedoms were greatly limited with close supervision and separation of the sexes. Nowadays under the influence of outdoor sports we permit much greater freedom with a higher standard of morality. Such moments, in which mass-suggestion plays a part, influence the whole sex life of the period as well as of the individual.

In close relation to sexuality stands the custom in dress or mode. Without going into the history of dress it appears that customs in this matter are determined less by intellect or esthetic perceptions than by changing conceptions of sexuality, and for these it is characteristic. It expresses the mutual as well as the individual valuations of the sexes not only as sexual creatures but also in their competition. Thus I do not believe that the emancipation of woman will seriously disturb men as long as woman requires assistance to button her dress. In the narrower sense sexuality is influenced and stimulated by the mode. Changes in style are very dependent on mass-suggestion and can often be traced to some temporary celebrity or even some demi-mondaine.

In the manner of wooing and marriage there are many variations which fall within the limits of normal sexuality. In these the effect of the psychic factor on the constitution of the individual is obvious. We need not consider these more at this time since the same influences are at work in the case of the perversions.

The modern change in the marriage relation which has resulted in the limitation of offspring rests upon social, cultural, that is upon psychic grounds. The extra-marital relations are also limited by the fear of conception, that is, a purely psychic asocial factor. Furthermore the whole history of prostitution is evidence of the degree in which the valuation of the sex object is influenced by the changing social and moral views of the period, also a psychic factor. The fact that many men prefer degraded prostitutes to the more easily available home relation shows that in this choice psychic moments are active and these are often rooted in the original affective disposition.

Moll has recently shown how greatly the whole character is influenced by the sexuality, and that to a much greater degree than could have been brought about by the internal secretions of

the sexual glands. It is worth while to notice that character is formed at the same time at which the sex life is beginning. The reaction between the inherited sexual constitution and the early sexual experiences determines perhaps why some pass through the conflicts unharmed while others are hopelessly wrecked. I believe that suicide in adolescence is in large part due to inherited characteristics rather than exclusively the result of mistaken conceptions of sex as Asnaurow believes.

All of the phenomena which we have been considering have been obviously connected with the actual sex life. There is another group not so obviously related to it which the Freudians consider as emanations of the sex impulse. They believe that a part of the original impulse deprived of gratification in the sexual sphere has been diverted into other channels and seeks its pleasure in such manifestation as art, religion and social service. They do not mean a refinement of the impulse itself such as happens in a happy family, but rather the substitution of an equivalent pleasure of another sort. They assume as the psychological mechanism, that the sexual impulse in developing meets with the checks of social restrictions and seeks an outlet in other ways. They regard the chief gains of the spirit have resulted in this way and this conception is possible because they regard the libido in a much broader sense than is usual. Jung extends the meaning of libido to embrace practically the sum of all vital energy.

Personally I cannot follow this school in all of its concepts, but that much of the highest development of the spirit is motivated by the sexual impulse is doubtless correct. In such sublimation the activity of suggestion is probably a chief factor. That the religion of primitive as well as civilized folk is related to the sexual impulse, surrounds it with symbols, and later spiritualizes it, is well known as is also the close similarity between sexual and religious ardor. Modern investigation has amply shown the relation of sexuality to the formation of sects, asceticism and many religious peculiarities. That art of all kinds finds in sex rich springs of inspiration even where the content is not primarily sexual has long been recognized. The relation is not so simple as the popular conception that only unrequited love awakens the poet, but Moebius has shown that certain periods of Goethe's poetic output correspond to the ebb and flow

of his love affairs. Thus the libido is diverted from the purely physical and furnishes the motive power for artistic production.

We have been discussing the psychic moments in normal sexuality; the same factors are active in the case of perversions. Not only this, but we now recognize that certain neuroses are related to a malformed or misdirected sexuality. Even the simple quantitative variations in the impulse, whether abnormally strong or weak, show the influence of psychic factors on the course of the sexual act. With habitual masturbators or easily aroused men the mere imagining of a sexual situation will cause ejaculation. On the other hand, normal men or neurasthenics may fail to accomplish coitus even when aroused, if sufficiently unpleasant memories intrude. Thus improper education may seriously injure the impulse and produce a true sexual hypochondria so that coitus can only be performed under quite extraordinary circumstances. This fact, the great influence of psychic moments on the sexual act plays a role in that qualitative variation of the libido, the perversions. Whatever name they may bear, these perversions are all aberrations of the normal sexual object or sexual goal. They are only aberrations in that detumescence is achieved at some stage or at some manifestation of the normal sexual act. They are not something wholly foreign to it. This fact alone shows that perversion is largely a misdirection due to psychic influences. Many of the perversions can be explained on purely psychic grounds in that they are an attempt to increase the intensity of the sensations by a variation of the means. This tendency is also true of roués and others who find the normal means insufficient to induce complete detumescence. In this way we get those cases where a special valuation is placed upon some phase of the act. These phases may be elaborated in the imagination until the mere memory will suffice for complete gratification. If this effect is achieved in adolescence its influence may be strong and of great duration. And this influence may be aided by other moments such as repetition, performance in common as at schools, barracks, factories, etc. Here we see again the influence of mass-suggestion and of fashion. Freimark truly says that many a youth striving for originality attains to homo-sexuality because of the notoriety which the homosexual attracts.

Freud's school attributes these peculiarities to fixation of certain stages of infantile libido. Thus the child's tendency to

exhibit its genitals is the ancestor of the exhibitionist and the voyeur. Thus homosexuality results from the Oedipus complex. I have already said that I do not accept Freud's conception of infantile sexuality and so cannot follow the above explanations. It does however show the great influence of psychic moments in the development of perversions. A discussion of the origin of the roots of those perversions does not belong to this paper. I will say however, that where an individual is readily influenced by psychic factors and with an impulse as strong as this, we may agree that his impulse is congenitally more or less unstable, since many men subjected to the same influences develop normally. In many cases we can infer a slight pathological inheritance, in others these phenomena occur combined with obvious physical and spiritual soundness. Some cases of course show an evident mental defect.

For THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE TREATMENT OF SYPHILIS OF THE TESTICLE WITH SALVARSAN AND NEO-SALVARSAN.

By GEORGE BARRAUD, M.D., Paris, France.

THE old method of mixed treatment may suffice *nearly always* for the cure of syphilis of the testicle; but the medication with mercury and the iodides can produce in cases of idiosyncrasy, rare but real, accidents which oblige one to interrupt its use and, on the other hand, in certain particularly rebellious lesions, the classical treatment remains powerless.

It is hardly six years since salvarsan made its *début* and already it is safe to say that it is generally looked upon as an efficacious remedy for the majority of syphilitic lesions. Nearly all observers have admitted, in face of the evidence of facts, that this drug has a particularly rapid cicatrizing action on all ulcerative lesions, be it the chancre, ulcerative secondary or tertiary lesions and also that it dries up and soon cures erosive, papulo-erosive and papulo-hypertrophic syphilitides in a marvelous way. Its action is undoubted in early malignant syphilis which is always rebellious to mercurial treatment. These are facts which are distinctly established at the present time. But although there are other indications for salvarsan which are as yet mooted, there are

two in which syphiliographers advise its use, namely: 1—when mercury has shown itself insufficient; 2—when the patient cannot tolerate it.

On the other hand, speaking of the case of a patient with tertiary visceral accidents, Brocq recently said: "If these visceral accidents do not coincide with any one of the well established contraindications of salvarsan, one *may* have recourse to this drug."

"If these visceral accidents have already been treated without much result by mercury and the iodides, *one must*, with great care, use salvarsan."

Now, syphilis of the testicle, a tertiary visceral lesion, occasionally resists mixed treatment, so that it is perfectly logical to resort to 606 in such cases. This has been carried on in the service of Dr. Michon at the Ricord Hospital since 1911 and I will briefly mention three cases.

The first was very conclusive. Six years previously, the patient was treated for his first saccocoele of the left testicle by gray oil and iodide of potassium. The lesion distinctly improved and only a slight hydrocele remained. Eighteen months ago the right testicle became involved and for six months the patient submitted to a serious mixed treatment, but in spite of this the organ continued to increase in size and an anterior funiculitis developed. With the first injection of salvarsan these lesions disappeared within eight days. A second injection caused the absorption of the left-sided hydrocele. The anterior funiculitis alone remained for some time but the patient was frequently seen after his exit from the hospital and he has never since presented any other syphilitic lesions after a lapse of over two years and a half.

Another case was that of a six year old syphilis which had been treated for four years with injections of biniodide and calomel, then during the last two years with a vigorous mixed treatment. The patient presented multiple tertiary accidents during this mixed treatment of two years duration and developed bilateral epididymo-testicular lesions. On the right one gumma had already ulcerated while a second one was on the point of breaking down at the time of the first injection of salvarsan. The softened and fluctuating gumma melted and two injections were enough to cure in a few weeks these serious lesions which were rebellious to the classic treatment.

For the past four years Dr. Michon has given up the mixed

treatment and at once resorts to salvarsan in syphilis of the testicle and the results in all types of this lesion have been excellent. Intravenous injections are always used and no serious accidents have been observed. Of course it is only used in patients free from renal, hepatic and cardiovascular insufficiency, arteriosclerosis, aortic disease and lesions of the nervous system. It has not been used in cachectic subjects or those presenting tuberculosis with cavities. The patients are fasting and are kept in bed for four to five hours following the treatment and they are usually kept in the hospital for twenty-four hours so that the temperature may be recorded every three hours.

Salvarsan was first used, then neosalvarsan. The former was at first given in large doses but later these were decreased. Then came the use of neosalvarsan which is far easier to handle and much less toxic than salvarsan. We have always employed it in the form of concentrated solution according to Ravaut's method and we have only praise for this simple, practical and rapid procedure.

In five cases of syphilis of the testicle large doses of salvarsan were used without any trouble and although they were followed by more or less sharp reactions. Nevertheless, the dose of 60 centigrammes was soon recognized to be too strong and instead of giving 1 gram 80 centigrams in three séances, we commenced to fraction the doses, beginning with small ones, in order to try the patient's susceptibility. Brocq now employs 30 centigrams for the first injection and if this is well tolerated he believes that one may increase the 2nd and 3rd injections to 40 centigrams. These figures apply to subjects weighing from 55 to 65 kilos, but in men weighing from 70 to 80 kilos one may increase the dose 5 to 10 centigrams.

By following these wise rules, we have never had an accident. On the other hand, these doses, although much smaller than those first employed, have given us quite as good results. The appearance of neosalvarsan in 1912 made a great improvement in the treatment of syphilis on account of its great solubility and especially its neutral reaction which did away with the necessity of treating it with sodium to render it alkaline. It is also less toxic than salvarsan so that a dose of 45 centigrams corresponds to 30 centigrams of the latter drug. This dose appears to be the one of choice, but while some resort to repeated injections at near

intervals so as to reach the dose of several grams, others believe that the administration of neosalvarsan should be like that of salvarsan. We have followed the latter method and it has given clinical results absolutely comparable to those of salvarsan. Then by the use of Ravaut's simplified method of injections of a concentrated solution, the technique has been made easy.

We now come to the question of results. These are based upon fifteen unpublished cases of syphilis of the testicle and seem to be conclusive as to the efficacy of salvarsan and neosalvarsan in the treatment of this lesion. It appears well to remark that the happy results obtained are not merely transitory but on the contrary appear to us durable. A certain number of patients treated during the early months of the year 1911, have been seen in June, 1913, more than two years after the end of the treatment; and, although they had followed no further treatment, it was noted that the lesions of the testicle were completely cured.

The fifteen cases upon which this paper is based are all characterized by lesions of the testicle with involvement of the epididymis accessorially.

Syphilis of the testicle, properly speaking, presents itself in three different pathologic forms, namely, the sclero-gummatous form, which is by far the most frequent, the uncommon gummatous form and the sclerous form which is often the outcome of the two preceding types.

It is to be understood that the purely sclerous form in which the active element of the gland has given place completely to fibrous tissue, is absolutely incurable either with salvarsan or mixed treatment on account of the nature of the lesion. But in two cases of broken down testicular gummata under our observation, as well as another instance published by Sabrazès of Bordeaux, salvarsan did wonders, since 1 gram, 80 centigrams in one case, and 1 gram, 20 centigrams in the other cicatrized the ulceration in hardly a month and closed the fistulae, while one patient was seen six months after the end of the treatment absolutely cured.

In sclerogummatous orchitis the results are not any less favorable. Very rapidly—within 3 to 5 days—almost all the tumors diminished very markedly, if not in size at least in weight. Usually a single injection has been sufficient to permit one to outline the testicle and epididymis which before were matted together in a single mass so that careful palpation could not mark them off.

Usually, after 3 or 4 injections everything had become normal, to such an extent that the diseased organ was no longer to be distinguished from its normal fellow.

Salvarsan has caused to disappear, quite as well as the mixed treatment, symptomatic hydrocele of syphilitic testicular lesions. But the action of salvarsan has appeared to us especially remarkable from a double viewpoint.

Very often, when the patient first came to the consultation, a complete testicular insensibility was noted; the firmest pressure was quite painless in these testicles already to undergo sclerosis. But after 2, 3 or 4 injections of the drug, according to the dose employed, the testicular sensibility returned, increasing each day more and more and finally became equal to that of the normal testicle.

On the other hand, the lesion which appeared the most rebellious to treatment is the anterior funiculitis which usually does not disappear until after the third, or even the fourth injection. This tenacious lesion was noted particularly because Michon particularly drew our attention to it. We have been able to discover it in all our cases, although the classical works on syphilis do not mention it. However, Prof. Chevassu has found that usually in syphilis of the testicle the cord is thickened and infiltrated while, as Cumston has pointed out in his lectures, the vas deferens remains untouched. Perhaps this anterior funiculitis without involvement of the vas may have a certain diagnostic value in cases where the diagnosis is delicate.

CONCLUSIONS.

I. In the immense majority of cases of testicular syphilis, mixed treatment gives excellent results, but it happens occasionally that it is powerless or is badly tolerated.

II. Salvarsan and neosalvarsan, given in prudent but sufficient doses, and excepting in cases presenting a contraindication, acts very rapidly, very efficaciously in the sclerogummatus and gummatous types of syphilis of the testicle, even when fistulae have formed.

III. They can even cure cases where a well directed and prolonged mixed treatment has failed.

IV. The new technique of intravenous injections of a concentrated solution of the drug has rendered the use of the latter both simple and rapid, absolutely comparable to intravenous injec-

tions of mercury. Neosalvarsan is a means of treatment of the highest practical value and, in certain cases, is the most efficacious treatment of syphilis of the testicle.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

DIFFERENCES BETWEEN MAN'S AND WOMAN'S LOVE LIFE.

By WILHELM STERNBERG, M.D., Berlin.

WHEN a man and a woman marry it is understood that they engage themselves to be faithful and true to each other. As the highest proof of love is the gift of one's self in wedded intercourse, the conjugal code forbids the mates to grant that favor in faithless extra-matrimonial intercourse. The entire conception of conjugal duties revolves upon conjugal faithfulness. A breach of faith leads to the severance of marriage bonds.

In passing judgment upon infidelity and adultery on the part of man and on the part of woman, society, morality and the law draw a deep distinction between the sexes. Adultery committed by the wife is as a rule judged more severely.

This distinction is found so generally in all nations and at all times, that it cannot be based solely upon custom, the dictates of good society or of tradition. One may suspect that this universal distinction is intimately related to physiological and biological conditions.

Faithlessness has not the same consequence in the case of the man as it has in the case of the woman. Faithlessness on the part of the woman is a graver offence because it can have much more serious results than the man's unfaithfulness.

Sensual gratification is man's only sexual function. When this has been attained, man can purely and simply step out of the sexual plane. Nothing is likely to remind him any more of that detail. The entire act of love is with him of an ephemeral and transitory nature.

With woman it is just the opposite. The sexual urge is not the only factor nor even the main factor in woman's craving for love, but simply one step in a whole series of phenomena.

To the woman, man is only a means to an end and, to quote Nietzsche's words, the end is always the child.

The difference between the sexes in the domain of love is clearly indicated by the attitude which man and wife assume when their union remains sterile. This condition affects the wife much more than the husband. The man can, in spite of it, find satisfaction in his married life; he does not resent the sterility of the union as keenly as his wife does. She feels dissatisfied and in a great many cases very unhappy over it.

By bearing in wedlock a child conceived in extra-matrimonial intercourse a woman dishonors her husband much more than he could dishonor her. She introduces into the family the fruit of her adulterous lust and the living proof of her infidelity, one thing the unfaithful husband could not do. Worse yet, the wronged husband is practically compelled to recognize this extra-conjugal progeny as his own. Law and custom compel him to consider as his lawful heir the child conceived in adultery by his unfaithful wife and to give the illegitimate child his name.

Thus the adulteress defeats the highest and holiest purpose of matrimony, which is the founding of a family with the help of her husband. Her position is not made more defensible by the fact that she may not be sure whether the child born to her in wedlock, but possibly conceived in adultery, is legitimate or illegitimate. The curse of one single transgression can thus pursue a woman all her life long and bring in its wake an endless train of lies and deception.

The breach of faith committed by an adulterous wife is therefore more serious on account of its consequences than the breach of faith due to a husband's transgressions. For this reason alone the man's adultery is not to be placed on a par with the wife's. The man cannot dishonor his mate and his family as she can.

The terrible consequences of adultery on the part of the woman may of course be prevented or avoided. The wife may in various ways be protected against such consequences as are apt to destroy her married happiness. She may have reached the period of menopause; or it may be that owing to natural conditions or to a previous operation or by the use of artificial preventives pregnancy may be prevented.

Are we justified in drawing a distinction when the adultery is committed by both husband and wife? Isn't the infidelity the same in both cases and to be judged from exactly the same view-

point? Can we not recognize the wife's right to avenge herself when she is neglected by her husband? Can we not admit as a justification of her conduct that she might at least seek a compensation when her husband is untrue to her? Has she not the same need of love as her husband?

A discussion of the adultery of married mates leads to a discussion of the relative importance the adultery of the parents assumes when we consider the children's welfare.

The wrong which a woman's infidelity, with all its possible consequences, inflicts on the husband becomes infinitely greater when she deceives the man to whom she owes her highest joy, motherhood. For the possession of children vouchsafes her in a twofold way a substantial protection and support.

The affection a man has for his wife and his children is quite different from the affection a woman has for her husband and her children. A mother loves her children more than she does her husband.

A keen psychological understanding of woman reveals itself in Michelet's remark ("L'Amour," Paris, 1858, page 166) that from the very first symptoms of the first pregnancy the husband encounters a powerful rival: "She loves you," Michelet wrote, "she will always love you, but you must resign yourself to the fact that you will no longer be first in her thoughts."

The father's love for his children is generally less deep than his love for his wife.

While the husband loves his wife first as a woman and then as the mother of his children, the wife thinks of him primarily as the father of her children and then as her husband. Her sensuality is eclipsed by her motherly love; this is not true of the father. Love of the children is to the mother a substitute for sexual love but it is not so to the father.

The protection which love for the children affords to the mother in a greater measure than to the husband, extends also in another direction.

A father's love is inferior to a mother's love. A mother's love is matchless; it is the most distinguished love on earth; it is motherly love, not fatherly love, we have in mind when we speak of ideal love. The father cannot love his child as tenderly as the mother does. The poet Chamisso reproves the man for his lack of tenderness:

"Only she who nurses him can love well
The child to whom she gives nourishment ;
Only a mother can know
What love and happiness mean ;
How I pity man
Who cannot feel a mother's joy."

Love for children is a very important faculty in woman and is more developed in woman than in man.

This phenomenon is so generally observable in every animal species that it might be considered as a law of nature.

Love for her children inspires in woman her greatest virtues and her greatest accomplishments. It is love for her children which indirectly develops in her the feeling of wifely faithfulness and which in particular cases gives more strength to that feeling. For the child is to the mother a frail but safe protection, much more so than to its father, and reciprocally the mother offers more protection to her children than the father does. This holds true in the whole animal world. All the young are generally lost when the mother perishes. This does not happen, however, when the father is taken from his young.

Motherly love, the most disinterested of all feelings and one which can rise to the heights of truly admirable heroism, is characterized by the unselfishness which distinguishes woman from more selfish man. In this love, however, there is the basis of that powerful protection against temptation which nature vouchsafes woman.

And therefore a faithless wife sins more terribly not only against her husband but against her children and family than the father could sin against the latter. He has less to lose and less to regret than she has. The sacrifices he makes are trifling compared to hers.

The consequences of adultery being very different according to whether it is committed by the husband or by the wife, we can draw definite distinctions in discussing the grounds and motives of faithlessness.

We can trace the causes of adultery in both sexes by considering the nature of the love which attracts the sexes to each other. In this respect woman is better protected. Man on the contrary is exposed to many more temptations and therefore he succumbs more easily.

Owing to her physical constitution, woman is almost always able to enjoy sexual gratification, for she only has a passive part

to play. On the other hand it takes very little to rob man of love's enjoyment. In this respect woman is better favored than man.

Besides, woman's need of love is greater than man's. It was a woman, Laura Marholm, who wrote: "There is one thing for which woman is made, and that is love."

One might think that woman would succumb easily, at least more easily than man; the weaker sex is in many respects actually weaker than the male sex. And therefore woman needs more protection against temptation. But nature has vouchsafed her a great deal of protection. That protection consists in the check which her inhibitive mental processes place upon her sensual instincts.

Love is made up of two elements: the mental attraction and the sexual urge. In woman's love it is the mental element, in man's the sensual element which predominates. Woman loves with all her soul, love is her life, to man it is only one of the pleasures of life. Her love is more moral, his love more sensual. Man's love is more physical, woman's more psychical. A woman's life is more dominated by feelings than a man's life.

Man never reaches in his sentimental life the heights which woman can reach, neither does woman in her intellectual life rise to the heights man has attained. These words assume a peculiar importance from the fact that they were spoken by a woman, Ellen Key. Man works more with his thoughts, woman more with her feelings.

If it is true that real fidelity and infidelity are rather on the mental plane and if it is also true that woman's love is much more psychic than man's love, woman's love is bound to be deeper and her infidelity of a greater import.

It is not the mere fact of transgression which constitutes her infidelity; her guilt is more of a psychic nature. This is why husband and wife, paradoxical as this may sound, can commit adultery in each other's arms. We find a classical illustration of this fact in a well known passage of "*Elective Affinities*" in which the husband in love with another woman imagines that he possesses her when he embraces his wife.

The profound distinction that should be drawn when it comes to appreciating accurately the importance of adultery is clearly indicated by this fact of common observation: A man can enjoy sexual gratification with a woman without kissing her; in fact he

can feel an irresistible sexual attraction for a woman who otherwise repels him and whom he would only kiss with the greatest disgust.

Just as it would be impossible for that man to kiss the woman who enables him to gratify his desires, it would be impossible for a woman to give herself to a man to whom she would not even grant a kiss. A normal healthy woman does not experience a desire for sexual love unless she also feels a higher psychical attraction towards the man.

Courts are well justified in drawing a distinction in divorce suits between kisses given unlawfully by the female defendant and kisses taken by the male defendant.

The court may consider if not as direct evidence of infidelity at least as evidence of immoral conduct the fact that a wife gave kisses to her lover even if she granted him no other favor; but it treats the husband with more leniency.

The wife can be really untrue even if she does no more than give her lips to another man's kisses and does not commit absolute adultery.

Man's love for woman does not differ so much from woman's love for man in intensity and degree; the difference is rather in essence and substance.

Man's role is to seek and choose woman; the reverse is not true. This is the regular process in the whole animal series.

Man gives and woman receives. Man gives her his name; she gives herself to him, body and soul; he rules over her. His domination is conditioned by the physical power which distinguishes the stronger sex from the weaker sex.

Woman experiences a feeling of admiration for the strength and the courage of the male. We know what admiration was accorded to gladiators in ancient Rome and is accorded now to bull-fighters in modern Spain. The bullfighter who at the peril of his life kills a bull takes by storm the hearts of the finest women in the audience. Diamonds and pearls are showered on him from the boxes by women whose senses have been aroused by his feat of courage.

This contrast between the sexes holds good not only on the physical but on the intellectual and psychical planes.

At the beginning and the climax of her specific sex activity, woman is afflicted by nature with pains which serve as an effective

warning against pleasure and lust: the pains of defloration and of parturition. Besides there takes place in her every month a physical change which very nearly amounts to an actual inflammation. If the woman is not actually sick at that time she is at least greatly weakened.

It is not without good reason that the vernacular of almost every nation calls that condition an indisposition. Woman requires the kindest treatment during that period. Her capacity for any sort of work is greatly reduced and therefore the demands made upon her at that time should be proportionately moderate.

This condition recurring every month is accompanied by the production of a certain secretion. And secretions, even those of our own bodies, are repulsive to us. That monthly secretion is also more abundant than any other bodily secretion and its nature is distinctly unpleasant. This is why woman does all in her power to conceal this condition and to keep it a secret. This is perhaps why modesty impels woman more than it does man to conceal all sexual processes. Young married women are even ashamed of their pregnancy. This is the origin of woman's modesty in her love life and in her love relations.

This can be observed at every degree of the animal scale. The female refuses herself at first very stubbornly, she flees or defends herself, she even fights the rutting male in an attempt to escape from him. Some have seen in this a teleological process destined to heighten the male's passion.

This attitude of the female never fails to affect the male; woman's virginal reserve is often what attracts man most strongly. Roués whom nothing more arouses find in that chaste reserve the greatest stimulus to passion.

Woman's modesty, her morality and her chastity are certainly her most beautiful ornaments, and constitute the greatest attraction for man. Her inborn, involuntary shyness appeals to men, captures their hearts and holds them enthralled.

On the other hand the chaste Joseph has always been the butt of ridicule.

Woman resists timidly the advances of the passionate man and refuses herself to him. The opposite conduct on her part would only excite repulsion.

Woman wishes to be and must be wooed slowly. Man must conquer her gradually. Woman fears and hesitates even when she is burning with desire and passion. Even a wife shows herself reserved and somewhat distant in her lawful relations with her husband. Even at the hour of permitted caresses she shows some timidity and acts like a loving bride. In accordance with the laws of nature, a woman must, even after marriage, act without affectation the part of a desired mistress, if she wishes to retain the love of her husband. She must never arouse his desire too openly, she must barely lend herself to his pleasure but she must not, on the other hand, repel him by violent refusals or by her coldness. Therein resides the secret of her power.

Modesty is the prime requisite of a woman who desires to retain her attraction for her husband, for the physical charm of woman, her beauty, fades away even quicker than whatever attracts woman to man. It may be the very essence of beauty to be so perishable.

"Why am I perishable, O Zeus?" asked Beauty.

"It is only the perishable things," the god answered, "which I have made beautiful."

It is the perishable character of woman's attraction for man and the lasting character of man's attraction for woman that furnishes in a certain measure a physiological explanation of woman's faithfulness and man's unfaithfulness.

It would be an unjust reproach to society ladies to assume that they are aware that no small proportion of the young men who have been their partners in the dance visit prostitutes immediately afterwards to calm the excitement thus aroused.
—ROBERT MICHELS.

"How has it come to pass that the genital action of human beings, so natural, so necessary, and so right, is a matter of which we cannot speak without shame, and one with which we cannot deal seriously and sensibly? We speak boldly of *killing, thieving,* and *betraying*; but this other we mention only with bated breath."
—MONTAIGNE.

VIRGINITY AND SEXUALITY

BY DR. MED. L. LÖWENFELD.

SEVERAL times a year I have to answer the following question: by what symptoms can one determine the probable intensity of the sexual desire in a woman who is still a virgin? The question is generally asked by the woman's intended husband. Men who know their virility to be normal or at least consider it as such would not bother with such questions; nor would some men who have no reason for believing that their virility is sufficient for the fulfillment of their conjugal duties, but who are thoughtless enough to regard their wives' sexual desires as a negligible quantity.

In pleasant contrast with those conscienceless men whose sexual deficiencies cause their wives much misery, are those who hold it to be a husband's duty to consider the sexual wants of their life-mates and who see in the gratification of those wants the true foundation of a happy married life. These conscientious men, some of them overscrupulous, who think or fear that age or some other factor may have impaired their virility, ask that question with genuine concern; the answer they receive influences them profoundly in their choice of a wife.

One can easily understand that when men of that type are contemplating marriage they wish to avoid as far as possible any disproportion between their sexual capacity and their wife's sexual needs; they select their future mate with a view to forestalling such an eventuality. How can they, however, tell among the marriageable maids who appeal to them the ones who would probably be satisfied with a limited amount of sexual gratification? It is here that they solicit the assistance of a doctor's experience which, however, as I will show, gives their expectations but moderate satisfaction.

First of all I should like to emphasize that notwithstanding the commonly accepted view of the subject, the satisfaction of the wife's sexual desires is not the paramount factor in matrimonial bliss. There are women who, without being frigid, feel no privation, however infrequent the conjugal embraces may be, and who bear that situation with so much equanimity that it exerts no baleful influence upon their married life. In this case it is not so much the intensity of the wife's sexual desires but rather her disposition which plays an essential part.

One cannot deny on the other hand that inadequate gratification of the wife's needs, regardless of whether it is due to her husband's sexual insufficiency or to her own unresponsive condition, may lead to much matrimonial unpleasantness; there is some truth in the popular belief that the shrew of the Xanthippe type is merely a woman who owing to unfortunate peculiarities of her sexual apparatus can only attain a mediocre measure of sexual gratification.

What I observed among the women who came under my care and who suffered from sexual privation, was more frequently a nervous disturbance and not a distinctly unbearable attitude towards their husbands leading to severe disagreements. But this latter attitude can be often observed even in women who, judging from their cultural and social standing, one would expect to be able to bear sexual privation as well as other privations in a more dignified manner.

I observed a few years ago a half tragic, half comical case: A highly cultured woman of about 35 years of age, who had only recently married, came to consult me in regard to some nervous trouble. In the course of the consultation she mentioned that she hardly enjoyed any gratification with her husband whose virility was very low and who besides had various unpleasant physical defects (baldness, etc.) Her husband, a man of forty-five or thereabout, called on me very soon afterward and declared that he was not by any means as weak as his wife represented him to be; he was able indeed to have connections several times a week. Only his wife was a slave to a sensuality which he could not satisfy and which impelled her to have relations with other men. He thereupon showed me on his body bruises which had been inflicted upon him by his wife. I had to deal in this case with a disproportion between the sexual capacity of the man which probably was not below the average corresponding to his age, and on the other hand the needs and the demands of the woman. And it is doubtful whether a greater degree of virility on his part would have corrected that disproportion. The lady was altogether too temperamental for her rather phlegmatic husband whose disposition reflected itself in his sexual life.

Men who seek to avoid such disproportion attach much importance to the woman's age. They take care not to select too young a woman, for youth is, among other things, synonymous

with marked sexual appetite. The would-be benedict does not wish to insure himself, however, against such an eventuality by marrying a dame at the canonic age. The mate he selects must not have lost her attractiveness by advancing years, she must be young yet, though not too young.

When we try to ascertain at what age a woman's sexual desires begin to decrease, we see that that change takes place quite late in life. I have heard women in the forties and even a few at the end of the thirties say that they no longer cared especially for conjugal intercourse; in fact some remarked that they were rather pleased when their husbands left them alone.¹

I have never heard younger women make such statements. In considering the proper age for a bride, one may be sure that there is very little difference, as far as sexual wants go, between a girl of twenty one and one of twenty nine. Even at thirty or thirty five one mustn't expect any decrease of the erotic excitability and of the desire for its gratification. *La femme de trente ans* has reached the height of her physical and sexual development and there is no reason for expecting an ebb in her sexual needs.²

The same holds true of woman a few years older. And yet we mustn't believe that it is of no import to a man over forty or to a man of inferior virility between thirty and forty whether he marries a woman of twenty or a woman of thirty. The 20 year old girl will in ten years reach the height of her sexual development and probably of her sexual needs as well; the 30 year old girl on the other hand will by that time, if not sooner, enter a period of diminished sexual activity; the man who marries a thirty year old woman stands therefore a better chance of giving his wife a certain measure of gratification than he who marries a 20 year old girl.

¹ How far that attitude was determined by the fear of pregnancy remains an open question.

² Havelock Ellis cites a number of authors who express the same opinion. Leith Napier says that the years between 28 and 30 often constitute a critical period for women who have remained virgins, as their erotic feelings affect a fully developed nervous system. Yellowlees remarks that about the age of 33, many women present a high degree of excitability in their sexual sphere, a condition which often leads them to masturbation. Audiffret is of the opinion that at that age ideal aspirations and mood impulses in the sexual domain attain such a development as to be at times irresistible. From observations taken by Matthews Duncan on the initial appearance of the sex urge and of the libido in sexual intercourse, Ellis draws the conclusion that the majority of women reach the zenith of their sexual life between thirty and forty.—And I would say between thirty-five and forty-five. W. J. R.

Besides, we must not overlook the fact that a woman of thirty or thereabout is in the majority of cases more mature mentally, that is more experienced and more reasonable, than a woman of twenty, and is better fitted than the latter to adjust her sexual wants to her husband's capacity.

Another factor to be taken into consideration, besides the woman's age, is her physical condition, for one may assume *a priori* that there is a definite relation between bodily development and sexual needs. Such is not always the case.* One finds women of statuesque and voluptuous appearance who are decidedly frigid and, conversely, women of frail build who are sexually very temperamental.

All other things being equal, however, one can expect stronger sexual appetites in robust women than in delicate women. A full shape, and especially well developed breasts, unless this development is due to obesity, may be considered, generally speaking, as denoting marked sexual propensities. It is rather obvious that in women especially fitted for the nursing of children owing to the development of their mammary glands, the inner sexual secretion, which is of great importance in determining the degree of the sexual urge would be more copious than in women presenting a smaller development of the mammary glands.

Physical characteristics conditioned by race, such as the shape of the head, the color of the hair, of the eyes and of the skin might also be taken into account. It is generally admitted that brunettes with dark hair and eyes are sexually more exacting than blonde women with fair complexion, for instance, women of pure North-German stock; this belief may be justified to a certain extent. Among those blue eyed blondes, however, we may note substantial differences of degree in the sexual urge. There may be insatiable blondes just as we might find brunettes of a frigid nature. And then there are the numerous women whose appearance presents a combination of racial characteristics and therefore vouchsafes no distinct indication as to their sexual tendencies; I mean blondes with dark eyes, brunettes with a light complexion and with either blue or grey eyes.

As far as heredity is concerned, one might think that fre-

* I would say that no such definite relation exists. Only too frequently are frail women sexual volcanoes, and robust buxom well-nourished specimens of womanhood—complete icebergs. W. J. R.

quent pregnancy on the part of the woman's mother might furnish some data as to the sexual appetite of the daughter; but this is not true. Frequent childbearing does not denote in a woman an especially active sexual life, but laxity of conduct in the mother opens up a rather unfavorable outlook upon the sexual propensities of the daughter.

Since physical indications are so unilluminating, we might endeavor to find an answer to our question by investigating the spiritual individuality processes of the object of choice.

One seems justified in assuming that the various processes and phenomena affecting the sexual organs and which, after sexual relations have begun, determine the sexual wants, must, before sexual maturity is reached, reflect themselves in a measure in the mental make up of the individual.

In this connection we might consider the reactive mental process commonly known as temperament. When we bear in mind what effects castration has on animals, we may logically assume that the inner secretions of the seminal glands and especially the products which cause the libido, and which are known as libidogenous, must play an important part in the shaping of a person's temperament.

One cannot try to establish a relation between the varieties of temperament designated as melancholic and sanguine and the inner secretions. This may be done only in the case of contrasting temperaments, such as a calm, cool, phlegmatic temperament on one side and a vivacious, restless, fiery, passionate (meaning irritable) temperament. And even this could only serve as an index to the future sexual propensities of a girl. One may assume that to a calm disposition corresponds a limited production of libidogenous secretions, a condition which may result after sexual intercourse has begun in moderate sexual desires; a passionate disposition would have the opposite effect: more abundant production of sexual secretions and greater sexual propensities (stronger sexual urge).

After investigating the temperament of a woman we should examine her character, a very important factor indeed, for her character may curb her temperament which then exerts little or no influence upon her conduct.

When we bear in mind the differences of character due to sex itself (masculine and feminine) it appears undeniable that

sexuality is a contributing factor in the moulding of character. Concerning the extent to which character is influenced by sexuality, opinions differ greatly. The psychoanalysts think that they can attribute individual cases of character development to sexual factors which are to them if not the only, at least, the main factors of that development; other authors would be loath to ascribe to sexuality such an important role. I personally think that sexuality exerts only a limited action on the development of character. Hereditary tendencies, education, environmental influences and mode of life have a much stronger influence; I would not however dispute that there is a direct relation between certain sides of the character and sexuality.

We can draw interesting conclusions as to this point from the results of castration in animals and men, and also to a certain extent from the differences in character due to sex. Among the characteristics whose origin should be to a certain extent traced back to sexuality I would mention on one hand gentleness, reserve, modesty, on the other hand coquetry, sensuality, exaggerated affection for relatives and women friends.

The connection between the latter characteristics and sexuality appears obvious when we bear in mind that while the sexual urge in its narrow sense, that is the libido proper or the desire for coitus, does not generally exist in a virgin, that same urge in a broader sense is present in her; that is to say, there emanate from her sexual organs various urges which can be attributed to the sexual urge, taking this last word in its broadest sense.

Among those urges I might mention coquetry which consciously or unconsciously strives to win a man's love, and also the exaggerated affection for relatives and women friends. The latter may be an expression of that part of the sexual urge designated by Moll as the contrectation urge, and which for lack of a man to love, satisfies itself with relatives and friends.¹

The fact that women with rather marked sexual needs are usually given to sensuality seems to afford evidence of the con-

¹ I wish it to be distinctly understood that I have in mind solely the exaggerated marks of affection lavished upon relatives and women friends, and not the average affection and its usual means of expression. The last named cannot offer any indications as to eventual sexual propensities. We must remember, besides, that the exaggerated affection which a girl may show for her father does not indicate any marked sexual need; girls of that type may, as Freud has remarked, and as I have observed personally, make frigid wives, but wouldn't yet of a certainty, on that account, make desirable mates for a man of doubtful virility.

nection between sensuality and sexuality. It is quite plausible that in virgins who haven't as yet experienced any sexual gratification, sensuality has its origin to a certain extent in the sexual sphere. I am not moved solely by theoretical hypotheses or knowledge of the effects of castration, when I assume that gentleness, reserve and modesty stand to sexuality in the relation of effect to cause. I have noticed that when women endowed with those characteristics must renounce sexual intercourse owing to their husband's bad health or physical decline or to their own ill health, they bear that privation without any ill results for their nervous system and apparently without great hardship. As they probably have moderate sexual needs they are better able to stand total abstinence.

Their character however has a good deal to do with the way in which they bear it. They have gentle natures and are always ready to give up for the sake of their husbands or other people pleasures which they might enjoy and they lay very little stress on mere enjoyment.

To make it clearly understood that the connection between a moderate sexual need and certain characteristics is not a purely accidental one, we must now answer the following question: How can we explain the relations between those characteristics and the woman's sexuality? From our knowledge of the various factors involved we are not in a position to state that those characteristics are the result of stimuli originating in the sexual organs. This would not explain the differences in character which we are considering. We are then compelled to regard the inner secretions of the sexual organs, especially those of the germinal glands, as the actual factor; in fact it might be simply a question of degree in the production of the libidogenous material. A moderate production of that material might exert on the mental condition of the subject an influence which fostered the development of gentleness and reserve. A copious secretion of libidogenous matter, on the other hand, might lead to the development of the opposite characteristics, besides causing an increase of the sexual need. As this need is commonly coupled with a love of pleasures of every kind (sensuality) one may justly think that to moderate sexual needs corresponds an equally moderate desire for non-sexual pleasures.

I do not believe that gentleness, reserve, modesty and their contraries can be traced back to sexual factors exclusively. In-

nate propensities, training and environmental influence probably affect their development in every case. It is only gentleness which could be connected directly with the moderate secretion of libidogenous matters; observations made on castrated animals and men confirm that hypothesis; as far as reserve and modesty are concerned, the connection is probably a rather indirect one, established through psychic intermediaries; gentleness however is very generally linked with those two other characteristics.¹

From the foregoing remarks we may draw certain conclusions as to the characteristics which a man with uncertain virility should seek in the woman he intends to marry. Mistakes are possible, of course, and a young woman set upon securing a husband may succeed in concealing her shortcomings and in simulating certain qualities which she lacks in reality. Here is not the place for a discussion how to avoid such disappointments which are of frequent occurrence.

Besides the *temperament* and the *character* of his bride to be, the future husband should take into consideration her *intelligence* and her education. A high degree of culture and a good mind, may well, as the case I cited proves, be coupled with rather developed sexual propensities; it cannot be denied on the other hand that generally speaking, women of high culture and intelligence have less pronounced sexual needs or at least know how to control them better than women of a lower station. All other things being equal, a man of uncertain potency should select a woman of culture and intelligence rather than one lacking in those two attributes.

¹ When I call those matters libidogenous matters, I do not wish to imply that the only role those products of metabolism play in the bodily economy is to produce the libido. They may, as I stated in "Sexualleben und Nervenleiden," 5th edition, page 31, have more or less importance in directing the products of metabolism towards this or that part of the body, and their libidogenous action may be due to the fact that the cortical and perhaps also the spinal nervous centers are especially susceptible to their influence. Observations made on men and animals prove, however, that the action of the libidogenous matters on the brain is not confined to the cortical sexual centers but affects all the cortex cerebri and thus the course of the psychic processes.

The importance of this action should not be underestimated. It may explain the part which fluctuations in the secretion of libidogenous matters plays in the development of certain temperaments and characteristics. I may introduce as evidence a fact I have frequently observed: young men partly or totally lacking in libido also betray a certain timidity and lack of self-confidence; a patient I observed quite recently presented a girlishly gentle and reserved behavior coupled with a perfectly calm temperament. See my book "Über die sexuelle Konstitution und andere Sexualprobleme," 1911, pages 176 and 181.

To sum up what I have said on the subject: the physique of a virgin gives very few indications as to what her sexual needs may be in later life. In the mental domain, character should be investigated first; certain qualities such as gentleness, reserve and modesty, may also furnish important indications provided they are genuine and not simulated. I would place great stress on modesty in particular.

While the gratification of sexual instincts is of great importance for the physical and mental comfort of the individual, it never loses the character of a pleasure which is more or less irresistible and privation from which may or may not constitute a hardship. We may assume that a woman who expects only a modest share of the pleasures of life, in other words a non-exacting woman, would present the same characteristics in her attitude towards sexual pleasures. But there is something else: what we call the sexual need in a woman (and also in a man) is not merely the result of his or her sexual make up, but is partly due to *habit*. There are women whose sexual constitution would produce in them marked sexual desires and who can check those desires if there hasn't been any habit formed. It is among women endowed with a normal sexual instinct that habit can affect profoundly the sexual desires. Those desires can be heightened by frequent intercourse and decreased by infrequent intercourse. The man can then to a certain extent protect himself against the eventuality of his wife making demands upon his virility which he is not in a condition to satisfy.

Translated for THE AMERICAN JOURNAL OF UROLOGY.

COITUS AND NIGHTMARES.

BY WILLIAM J. ROBINSON, M.D.

The following type of case is of interest, not because it is rare, but because it is quite common. And though quite common, it has not, to my knowledge, been reported anywhere in medical literature.

Mr. _____ is a hard intellectual worker, 44 years old. He is moderate in his habits; doesn't drink at all, and smokes only two or three cigars a day. He was married at the age of 24, and is the father of three children; his sexual life since marriage has been rather active, but it cannot be said that he indulged to excess. Four or five times a week was his average during the first half

of his married life, and this number has been gradually reduced to twice and once a week up to two years ago. During the past five years he noticed that intercourse did not agree with him. The first two or three days after intercourse he felt depressed mentally and physically. His appetite, his digestion and his sleep were unmistakably affected, and in an injurious way. The appetite was greatly increased, but the digestion was spoiled, and the sleep was decidedly interfered with. He would toss about, wake half a dozen times during the night, and get up feeling anything but refreshed. He gradually reduced the frequency of his sexual relations, but this did not improve matters: when he would abstain from intercourse, he had nothing to complain of; but as soon as he indulged, even if it was only once a month, all the symptoms, particularly the disturbed sleep, would make their appearance. During the past eighteen months or so, the matter became more serious. The first and second nights following coitus, particularly the first, became a torture to him. His sleep would be disturbed by *horrible nightmares*, and he would wake with severe palpitation of the heart, and all "atremble." All day he would be good for nothing, and at night he would have a repetition of the previous night, though in a milder form. The third and the following nights he would usually sleep normally—until the next coitus.

He gradually began to increase the intervals between his relations: from once a week to once in two weeks, then to once a month, then to once in three months. But it made little or no difference. No matter how rarely he would have coitus, it would be followed by nights of terror and *nightmares*. There seemed to be an emptiness in his brain, and he said that he felt just as if his *brain substance* was *oozing out* with each seminal ejaculation.

This brought to my mind the ancient notion of the nature of a seminal ejaculation. As is well known, the ancients believed that an emission of semen was the actual passage of brain substance down the spinal cord. They called it *stillicidium cerebri*—an oozing of the brain. Hippocrates says: "The humours enter into a sort of fermentation, which separates what is most precious and most balsamic, and this part thus separated from the rest is carried by the spinal marrow to the generative organs." My patient had never heard of this idea of the ancients, but it expressed his feeling exactly: as if his brain was oozing out. It should be added that his ejaculatory ducts were evidently atonic, for after he was through with the act, the semen would keep on

oozing sluggishly for a long time. Unless he would go down and bathe his parts thoroughly in cold water, the oozing might keep up all night. As I had had several such cases in which treatment proved of little avail, I told him that in my opinion treatment would be useless in his case—and that there was only one thing for him to do: to give up sex relations altogether or at least for a year or two, and then make another attempt. He said that as far as he was concerned he would have given up all sex relations long ago—but his wife objected strenuously to any curtailment of her wifely privileges.

She had been quite frigid during the first years of married life, very moderate during the next ten years, and only during the last five years has she become very passionate and exacting.

We have here to deal with one of the great, and also all too frequent tragedies of life, with one of the most annoying disharmonies of nature. It is too common an occurrence in the practice of the sexologist to see this disharmony; just when the husband's sex powers are on the decline, just when he would like nothing better than to be left alone, then the wife's libido, which may have been peacefully dormant or lukewarm, awakens in its full force, and demands more than her husband, with the best of will, is able to give. And the result is an open tragedy, or repressed and concealed unhappiness.

But this is a digression. The object of this article is to emphasize the intimate relationship between man's brain and his sex glands. In woman the sex act is *never* accompanied by such mentally exhausting effects, by such brain-shock. Men, and particularly men engaged in creative and intellectual pursuits, should, therefore, be prudent, and not waste their sex capital like reckless spendthrifts. A time of reckoning will come, and unless you belong to the small minority of men, with an apparently inexhaustible sex capital, you will have to pay, pay, pay. Your creditor will be relentless, and you will not be able to put him off with a note. He will demand immediate cash payment—both capital and interest.

SEXUAL IMBALANCE.

BY WILLIAM F. WAUGH, M.D.

For a week I had been visiting daily a young married woman, when suddenly she said to me:—Doctor, you are not helping me at all, and you are not going to, because you don't know what is the matter with me. Now don't get mad, but wait until I explain. All I need is for my husband to let me alone. He is forever at me, morning, noon and night; until I feel as if I must get up and beat out his brains with the ax."

I looked at the woman with amazement, feeling as if at my feet suddenly yawned a precipice of whose existence I had had not the slightest suspicion. Then I gasped out:—"But if he does not go with you he will associate with other women." She replied:—"I don't care if he goes with a hundred other women if only he lets me alone."

I began to realize the depth of the wife's feeling—for if you want to see the tigress awaken in any woman, just hint to her that her man is cohabiting with another. Many a woman and many a man had consulted me as to the means of securing more sexual pleasure, but this was the first time I had met either who complained of getting too much.

The husband and wife were young, not far from their 20th years, both rather small and thin, she with a worn, somewhat anemic expression. They had not been married long and had no children, but were well past the honeymoon period of ebullient indulgence. The man worked steadily at a trade, did not drink, and both were quiet, well-behaved, church-goers. He demanded from six to eight relations daily.

The case was an eye-opener. I began to look deeper into the sex life of my patients to ascertain if there were any other such cases. There were—many more than I should have deemed possible. One must distinguish them carefully from the plaintively complaining wives, whose wails are only pleas for their own angelic sexlessness, or those who brag of their husbands' prowess in the lists of Venus, ornamented and exaggerated to excite the envy of less fortunate wives. Set these aside and we find a rather large number of cases where the wife is drained of her vitality by what is to her an excessive sex indulgence. What is the doctor's duty in such cases?

The world has definitely and finally condemned polygamy. The ideal of one man and one woman joining to become one flesh, is that of every lover, every intelligent man. Only in Asia does polygamy persist, and one feels like attributing the degeneracy of the Turk to that feature of his social system. For whenever any man there rises conspicuously above his fellows, the women as everywhere run after him, and his success means the establishment of a harem, in which his forces evaporate and his ambitions die. Even in the Prema Sagara, the glorification of Krishna, the god-man's panegyrist practically culminates his career with his marriage to the 16,100 princesses, wisely concluding that the generation of 44 babies daily for eleven years would absorb his capabilities for action.

Courts of equity were established to correct the injustices occasioned through the common law by its universality—the exceptions in which a wise and generally just law works a wrong. No such court exists, or can exist, to correct these exceptional cases, where monogamy does not fit the conditions—yet they present themselves to the physician occasionally. As physicians we obey the laws of the land, and we do not advise our patients to break the moral laws that bind civilized humanity together and make a social system possible. Yet we do not lie to our patients, or give advice we know to be physiologically false.

It is an *impasse*, apparently.

There may be those who really think that a bit of advice, reinforced by bromides or gelsemine, does some good here. To such one can only quote the words of the Bard of Avon—"there are more things in heaven and earth than were ever dreamed of in your philosophy."

Miscellany

AN OLD PHYSICIAN'S ADVICE.

Nothing in the whole course of my long professional career has caused me more profound anxiety than the question as to the advice I should give to patients, when they consult me previous to their marriage, as to the propriety and safety of that step; and I have experienced the same anxiety as to the question of recom-

mending sexual intercourse as a cure for too frequent nocturnal emission produced by self-abuse.

I am aware that many of the most eminent men in the profession declaim loudly against advising illegitimate intercourse for such a purpose, and I recollect a conversation I had some years ago with the late Sir B. Brodie on this very question. Speaking together on the subject of too frequent nocturnal emissions, and sexual intercourse as a remedy, he asked me what I recommended my patients to do. I replied frankly, that in certain cases I recommended sexual intercourse. "But, Mr. Courtenay," exclaimed Sir B. Brodie, "that is immoral!" "Well," replied I, "what do you advise?" "Why," said Sir Benjamin (looking down and rubbing his hands), "I tell them sexual intercourse is very desirable, recommend them to marry, and then leave them to do as they like!" "Well, Sir Benjamin," replied I, "it appears to me you give much the same advice as I do, only you wrap yours up." My old friend smiled, but made no reply. But to revert to the vital and all important question, as to how far medical men are justified in giving their sanction to patients who have previously failed in all their attempts at sexual intercourse, or never made such attempts from religious or other motives (as the fear of becoming diseased), to contract marriage, I would observe that to my mind it is a fearful responsibility, and *perfectly unjustifiable for a medical man to recommend such parties to marry without first testing their power.* I know by making such a plain statement of my views, I shall raise a cry of immorality against myself, but nevertheless *I must have the courage of my opinions, and thus boldly declare them.* At the same time, I beg my readers not to imagine that, because a patient has too frequent nocturnal emissions, or doubts as to his sexual power, I advocate an indiscriminate recourse to sexual congress as a means of cure. Far from it.—I am daily consulted in such cases without any necessity for giving such advice. Indeed, I have been consulted in my time by hundreds of patients who have never had sexual intercourse, and who, having engaged themselves to marry, have from some cause had doubts on the subject of their powers, whom, after investigation of their cases I have confidently recommended to marry without fear as to the result. I recollect that in the year 1875 I took upon myself to advise such a patient to marry. He promised to do so, but added to me the not very alarming threat, that if he proved impotent he would come back and shoot me! However, in the month of August,

1876, I received, instead of a visit from him to carry out his threat, a letter announcing that his wife had been safely delivered of a boy, which (of course the doctor and nurse declared) was a very fine one, and added, "I have you alone to thank for this unexpected bliss, and I do so with a grateful heart."

But there is too frequently a sad reverse to such a gratifying result. And I hold that in cases where any serious doubt as to the capacity of the patient for sexual intercourse exists, the medical adviser should do one of the two things, viz., *either frankly and boldly recommend the patient to test his powers*, or else decline to take upon himself the responsibility of sanctioning the contemplated marriage. No medium course is in my opinion admissible, and this not merely in regard to the interest of the patient, but in respect to a far more important point, *the happiness of some innocent woman.*

Excerpts from "On Spermatorrhoea and Certain Functional Derangements and Debilities of the Generative System: Their Nature, Treatment, and Cure." By F. B. Courtenay, M.D.

UNEXPECTED RESULTS OF TESTICLE GRAFTING.

Dr. Robert T. Morris, New York (*J. A. M. A.*, Sept. 2, 1916), reports the case of a patient, aged 27, who at the age of 13 lost both testicles from a complication of mumps. The patient was normal mentally, but physically somewhat undersized and youthful in appearance and voice. When received at the hospital the prostate gland could not be found to be present. The scrotum was shriveled and apparently quite empty. The penis was small, the skin wrinkled and the pubic hair sparse. A piece of testicle from a hernia patient, 54 years old, was used. It consisted of a wedge-shaped segment of testicle which was sliced into three parts, each about 3 mm. in thickness. One of these was placed beneath the sheath of the left rectus abdominus, another into the right rectus and the third was introduced into the right side of the scrotum by an incision down to the remains of the testicle, of which there was barely a trace. In the left scrotum was placed a celluloid testicle to produce an effect of mass on that side. The patient did not observe any immediate effect and the portion inserted into the right scrotum began to undergo absorption. With its disappearance, however, the vestige of the original testicle began

to enlarge and is now grown to one third normal size and apparently still growing. It is softer than normal, but besides the growing testicle there is a growing epididymis and an enlarging spermatic cord on that side. It was decided to insert another graft last March, and this afforded a chance to observe that the newly developing testicle was quite normal in contour, with normal appearing tunic and blood vessels. Coincident with the development of the testicle other evidences of its presence became gradually more marked and the patient has recently consulted in regard to marriage. The morning erections are full, normal and frequent. The wrinkled skin of the penis has changed to a normal smoothness, with increased size of the organ. There is apparently a little line of prostatic tissue to be made out at the site of the prostate gland; but as yet there is no change in the voice.

Morris says the unique feature of this case, and the one which introduces perhaps an entirely new principle, is the fact of stimulation of the vestigial testicle into development. It is possible that this resource may be employed on other patients who have lost testicles from mumps, and perhaps on patients who have undescended testicles after the latter have been placed in the scrotum by some operative procedure. Another question arises. It is possible, he says, that in some cases of ovarian grafting the ovum has been furnished not by the graft, but by latent cell rests in the broad ligaments, which have been stimulated into activity through its influence.

PSYCHIC VAGINISMUS.

Dr. P. H. Williams reports two cases of psychic vaginismus (*American Journal of Obstetrics*, August).

The first was that of a woman married in April 1910, who made three calls before she would divulge the reason which brought her to the physician. Her menstrual history was normal, of the 28 day type. She had been a supersensitive girl, subject to the "blues," a maid by occupation and had married the chauffeur in the same household where she worked. Before marriage she had been frightened by the tales of a friend regarding the pains attendant upon married life. When she married all attempts at intercourse were futile; if an attempt were persisted in she had a severe convulsion. She had been subjected to three operations for removals of supposed obstructions of the passage. Dr. Wil-

liams found no organic lesions and no tenderness. In June of 1913 the writer spent some time with her, explaining the case in detail. He succeeded in convincing her that her trouble was past; she returned in September cured, and when last seen was leading a normal married life.

The second case, 35, as a girl had been sensitive and impressionable. She was afflicted with a tuberculous disease of the spine when married, and on this account was cautioned by her physician against pregnancy. She was a devout Roman Catholic, and she and her husband made an agreement which they lived up to to *forego all sexual intercourse* until her health improved. [They evidently considered the use of contraceptives sinful.] When coitus was attempted typical symptoms of vaginismus appeared, and persisted. Dr. Williams found the reproductive organs in normal condition, and spent half an hour trying to convince the patient that her trouble was purely imaginary. Five months later the patient became pregnant and in due time was normally delivered.

In a discussion which followed Dr. Henry C. Coe suggested that dilators, gradually increasing in size, be used to help along the psychic treatment. Dr. Brooks H. Wells told of a case where dilatation had been effectual in helping to convince the patient. She was also a victim of fear induced by tales of friends prior to her marriage. Dr. Herman Grad had had a case of psychic vaginismus in a patient who had been forced into marriage against her will and who disliked her husband. Her husband died, she married another man, and everything turned out all right. Dr. Dougal Bissell recited a rather peculiar case, where the woman had married as a matter of convenience after a ten years' courtship. She was unable to have intercourse for several years. Vaginal glass dilators of increasing sizes were used, then one intercourse was permitted and soon after a child was born. Nevertheless, the patient still experiences the same old trouble when her husband attempts intercourse, in spite of the fact that two of the examiner's fingers can be passed into the vagina without occasioning the least distress.

DIVORCE IN BOLIVIA.

Dear Dr. Robinson:—

It may interest you to know that now freedom of divorce, by mutual consent, is legal in Bolivia. The modus operandi is as

follows.—The parties having arranged the division of the property (if any), and disposition of the children (if any), and so stating in their petition, mutually apply for divorce. It is the duty of the judge to counsel them to try and live amicably together, and withdraw their petition. If they still persist, to grant them six months' probation, to reconsider their act. If at the end of six months they mutually re-petition, and state that during the six months' probation they have not had sexual intercourse once, the judge separately swears them to the above statements, and grants them a decree of divorce, and freedom for either party to marry another person. This is the law; but it is not recognized by the Roman Catholic Church.

If either party remarries, the said marriage is only considered to be "legal concubinage" and neither of the said offending parties can "comulgate" or confess and receive absolution.

Civil marriage, celebrated by a Marriage Register (generally a Notary Public) is the only legal marriage. A marriage by a priest is only a sacrament and is not valid. Moreover a priest is prohibited from marrying persons ecclesiastically until he has first been shown the Marriage Register's certificate, that the parties are *civilly* married. Most persons get married twice over, the ecclesiastical marriage being to satisfy the woman's conscience, as all the women are devout Roman Catholics; the most of the men are merely automaton Roman Catholics.

Although all the women are devout Catholics, yet if a woman does not like a man her religion will not have sufficient force to induce her to continue cohabiting with him. Also if a woman does like a man her religion alone will not prevent her from cohabiting with him if she can do it legally. Very often it did not prevent her from doing so illegally, before the divorce law was passed. The parties just separated and generally took other parties (illegally).

There is not *much* criticism here of the unmarried mother. I have known a case of a college professor (and a very competent one), an unmarried woman, who had two "natural" children.

Respectfully,

Santa Cruz, Bolivia.

JUAN S. BOWLES.

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

Vol. XII.

NOVEMBER, 1916.

No. 11.

For THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE PSYCHONEUROSES AND THE UNCONSCIOUS.

BY SAMUEL A. TANNENBAUM, M.D., New York.

I.

THE Psychoneuroses, variously known as Hysteria, Psychastenia, Neurasthenia, Nervousness, Nervous Weakness, etc., constitute one of the most fascinating and important medical as well as sociological problems for the study not only of physicians and sociologists but of all persons pretending to genuine culture. Freud's wonderful and brilliant findings have opened up new worlds of thought for psychologists, neurologists, psychiatrists, artists, literary men, criminologists, moralists and mythologists. The psychic life of man now stands revealed to us as it never has before, though we are only at the beginning of our researches.

To the physician, neurologist or general practitioner, no malady is fraught with graver problems than those offered by the victim of a psychoneurosis. No disease that the physician is called upon to treat is more distressing, more frequent, more costly, more time-consuming, than a psychoneurosis. The victims of this malady are to be found in every walk of life, in the young as in the old, in males as in females (but much more frequently in the latter), in the country as in the city, among the rich as among the poor, and in the ignorant as well as in the educated. From time immemorial they baffled the physician's most earnest efforts. Until very recently the psychoneuroses were regarded as coming under the domain of the theologian rather than of the physician. Owing to the inability of both these professions to deal successfully with these maladies all sorts of quacks, charlatans and faddists have

devoted themselves to the treatment of these unfortunates. And it must be admitted that not at all infrequently their efforts have been crowned with success when legitimate methods had failed. But notwithstanding this the number of uncured neurotics today is simply enormous. It is no exaggeration to say that to some extent we are all neurotic, that the more highly civilized the community is the larger is the number of neurotics. Why this is so will be apparent after a careful consideration of what follows.

II.

Before we can proceed to an exposition of Freud's theory of the nature and causation of the psychoneuroses we must explain certain fundamentals in his psychology. These are: (1) the Unconscious; (2) Repression; (3) the Law of Psychic Determinism, and (4) the Sexual Impulses.

The Unconscious.—According to Freud the mind (or psyche) may be divided into three spheres: the *unconscious*, the *fore-conscious* and the *conscious*. Our conscious mental activities are those of which we are at the moment aware, those that are in the focus of the mind's eye. The fore-conscious embraces all that mass of ideas, knowledge, etc., which one can summon into consciousness at will. The unconscious comprises all that mass of ideas, etc., that we have automatically forgotten or forced out of consciousness and which can not be recalled to consciousness even after a great deal of effort and which can be known only by its effects upon the conscious life. Our conscious mental activities are only a very small fraction of our mental life. Notwithstanding the constant upward tendency of the ideas and impulses contained in the foreconscious and unconscious spheres only very little that is there contained becomes known to us. The reason for this is that before any idea, desire, or impulse, can pass from the unconscious into the foreconscious, or from the foreconscious into the conscious, it must be approved by a *censor*, the moral ego. All that reaches consciousness may be regarded as a derivative from the foreconscious or unconscious that has successfully passed the censor.

Some psychologists still dispute the existence of unconscious mental activities. They say that many of the phenomena relied upon by the believers in unconscious ideation are only manifestations of a split-off consciousness, i. e., unconscious consciousness, or that these phenomena are the results of psychic operations that are performed so quickly that they are not remembered. (Cf. Wm.

James, *The Principles of Psychology*, 1896, pp. 165-180.) Professor Fite (*The Nation*, Aug. 10, 1916), in as grotesque and fatuous a criticism of psycho-analysis as any that has yet appeared, implies that the unconscious is only an infinitesimal degree of consciousness. Many of the phenomena discussed by the school psychologists are unquestionably only instances of ideation in the foreconscious, not in the unconscious. It is also true that to normal consciousness all our mental content, all our knowledge, seems to be merely latent, i. e. stored in the foreconscious and subject to the call of the conscious. But we can show to any reasoning and reasonable mind that unconscious mental processes exist and that they exert a powerful influence upon our thoughts, volitions and emotions. The proofs of unconscious cerebration are these:

(1) A person who has been hypnotized remembers nothing of what he saw, heard or did while he was in the hypnotic state though he has no difficulty in recalling all these things if he is re-hypnotised. (2) A person may be hypnotised and commanded to perform a certain task at some future time and when the specified time comes the individual, though no longer in the hypnotic state, will feel himself compelled to perform the assigned task though he has no idea why he does so. (3) A person in a febrile delirium or in a state of hypnosis may recall languages, etc., that he had known in childhood and then completely forgotten. (4) Probably every person has at some time experienced the sudden re-entry into consciousness of some name, date or fact, that he had vainly tried to recall some hours or days before and that he had finally given up with the words "it will come to me later." (5) It is not at all uncommon to find oneself thinking things or indulging in fantasies without knowing why or how these found an entry into the (conscious) mind. Persons have even been known to laugh or cry or gesticulate emphatically without knowing why they did so—until psycho-analysis found the explanation. (6) Returning to a place that one visited many years ago or seeing a photograph of it will very often call back to memory numerous images and data that one had thought completely eliminated from the mind. In all these instances the supposedly forgotten matter was only not conscious. (7) In certain mental diseases the patient forgets the images or the names of certain objects but recalls them when he sees the object or hears the word. He cannot voluntarily recall what is in his mind unless he is assisted by a perception. (8) Other evidences of the reality of the unconscious are to be found in the phenomena

of dreams, somnambulism, hysterical symptoms, the "mis-doings" of every-day life, the symptoms of dementia precox, etc.¹

Additional reason for the acceptance of the "unconscious" is found in the consideration that without this assumption our mental life, considering the many gaps and other puzzling phenomena in our conscious life, would be utterly unintelligible. With the assumption of the unconscious we get that sense of continuity and orderliness in our mental operations that a rational mind craves for. Scientifically there is as much warrant for the theory of unconscious cerebration as for the atomic theory, the Darwinian theory, theory, the Copernican theory, etc. Like the universal ether, the law of evolution, the attraction of gravitation, etc., the unconscious is known by its effects.

In the true sense of the word *only ideas can be unconscious*. Notwithstanding this we are in the habit of speaking of unconscious sensations, feelings, emotions, desires, etc. What we mean by this mode of speech is that the psyche is not aware of the idea accompanying the emotion that it perceives, or that the idea which the psyche associates with the emotion does not properly belong to it, or, thirdly, that the perceived emotion really represents (i. e. is a substitute for) another emotion. One may be conscious of an emotion, e. g. a feeling of having done wrong, without at the moment knowing why he feels so. A neurotic child or adult may be so dreadfully afraid of a perfectly harmless domestic animal as not to be capable of being persuaded of its harmlessness. In such a case the feared object is a substitute for some other feared object or person. A hysterical girl's exaggerated solicitude for her mother may prove to be a substitute for an unconscious hatred. A very intelligent young woman shudders every time she sees a sharp-pointed object or a certain white cupboard. Months later she suddenly realizes that the closet suggests a hospital and the sharp object a knife, and that she shudders because she fears having to be operated on for chronic appendicitis. (Her "appendicitis," I may add, is hysterical.) In all these cases the emotion is conscious but it is not interpreted or is misinterpreted by consciousness. The idea, i. e., the verbal element, is repressed and the emotion (or af-

¹ For a fuller discussion of the subject the reader is referred to the many monographs on the unconscious that have been published during the past ten years and the essays of the psychoanalysts and a large number of psychologists. But the student must be cautioned not to confuse the "unconscious," "non-conscious" or "sub-conscious" of the psychologists with the "unconscious" of Freud.

fect) is free to associate itself with any appropriate substitute idea it may encounter. This mental mechanism may be designated as "substitution by displacement" or "displacement substitution."

Consciousness is usually, for obvious reasons, regarded as the master of our emotions, thoughts and actions. But the sovereignty of consciousness is (relatively, absolute only in the matter of our thoughts and actions; in the matter of our emotions the unconscious plays an extremely important role. It is not to be supposed, however, that conscious ideas and actions are not materially influenced by the unconscious. Even in the normal healthy human being every conscious idea owes a part of its energy to unconscious motives. The neurotic is one whose ideas, emotions and actions are determined by unconscious mental processes to a larger extent than is the case in the normal.

Unconscious mental processes differ from conscious psychic processes in many striking characteristics. In the first place they are *unconscious*, i. e., the individual is not aware of them and cannot perceive them no matter how intensely he concentrates his attention upon them. The next and perhaps the most important characteristic of these unconscious psychic processes is that they consist essentially of desires, wishes, impulses, instincts, urges—"conative trends." Owing to the strong dynamic nature of these wishes there is a constant craving for a discharge of the pent-up energy and for the relief of the discomfort resulting from the continuous tension.

Continuing to characterize the unconscious wishes we may say that they are *not coordinated* to one another and are uninfluenced by one another. *Hence antagonistic desires or impulses, e. g. love and hate for the same person, may coexist.* The unconscious, we have reason to assert, knows no doubt and no negation. Doubt and negation emanate from the conscious. Neurotic doubt has been shown to be the foreconscious realization of the coexistence of contradictory impulses in the unconscious. From what has been said about unconscious emotions it follows that the energy in the unconscious is freely movable and transferable. Psychoanalytic experience warrants us in asserting that this energy may be shifted from one idea to another (= "displacement") and that the energies from several ideas may be centred or heaped upon one idea (= "condensation").

The unconscious does not reason. There is no logic in its operations. This is clearly demonstrated by the absurd character

of most of our dreams as well as by the fact that no amount of reasoning can cause a well-established neurotic symptom to disappear. A phobia or an obsessive idea never yields to ratiocination. The unconscious is not only *illogical*, it is also *unethical*. Being actuated solely by egoistic desires it takes no cognizance of the rights or desires of others. In our dreams we are guilty of the most atrocious crimes, arson, incest, murder, without the slightest hesitation or compunction.

As Freud has shown, all unconscious ideation is based on "*the pleasure-pain principle*," i. e. the principle of obtaining pleasure and avoiding pain. In consonance with this principle the unconscious takes no cognizance of realities, of the lapse of time or the intervention of space. To the unconscious the past is ever present and distance offers no obstacles. In the unconscious the infantile impressions and desires live on with unabated vividness and urgency notwithstanding the lapse of decades. Another one of the important traits of the unconscious is that its ideas are *not formulated in words*. The translation of unconscious matter into words is the function of the foreconscious.

Three classes of matter go to make up *the content of the unconscious*: certain inherited impulses, matter that has been automatically forgotten and matters that have been repressed. In addition to this it is important to remember that the content of the unconscious is probably not sharply defined and finally differentiated from the foreconscious (or conscious) sphere until about the time of puberty.

By this time it must be evident that the unconscious is not merely a mass of dead matter or the inert waste products of our psychic life. It is, on the contrary, extremely alive and always active, never resting, continually influencing the foreconscious and being influenced by it, manifesting itself in a thousand ways in what we call "derivatives of the unconscious," dreams, fantasies, symptoms, "mis-doings," etc.

III.

Repression.—How and why do psychic matters get into the unconscious? The answers to these questions constitute essential features of Freud's contribution to modern psychology and philosophy. He says that under certain circumstances certain impulses are repressed, forced out of consciousness. The individual feels himself impelled by certain impulses to perform certain acts, which would yield him a high degree of pleasure; but owing to various

causes the obtainment of this gratification would conflict with certain other motives and the result of the desired action would be painful, painful out of proportion to the anticipated pleasure, and because of this preponderance of the resulting pain the individual represses the original impulse. We may say then that an idea is repressed when, as a result of a conflict between it and other ideas, it is eliminated from consciousness because the individual is determined to be guided in his actions by these other ideas. In the process of repression the idea loses a large part of its energy (interest, libido) otherwise it would reach fulfilment. So that repression is really a defensive measure, a defense against an objectionable idea. The individual hoodwinks himself into the belief that he is rid of the condemned impulse. The mental attitude which does not permit the re-entry into consciousness of the repressed idea as such is called the *censor*. The opposition to this re-entry is technically termed *resistance* and is manifested by the individual as shame or disgust or a sense of guilt when some derivative of the repressed matter occurs to the mind. The motives for the repression of certain impulses are the individual's fear of the consequences of yielding to the impulse, his desire to act in accordance with the dictates of his conscience and to secure the approval of his environment. To illustrate this let us cite the instance of a young lady, engaged to be married, who suddenly develops a hysterical condition accompanied with frequent morning vomiting and anorexia. Analysis shows that she is in love, in a state of sexual hyperesthesia, and ardently desirous of becoming a mother. For obvious reasons she tries to force this desire out of her consciousness, to deny its existence; she thinks she has succeeded, but soon finds herself suffering from the aforesaid symptoms. Her now unconscious wish manifests itself in the symptoms of pregnancy that she had observed in her mother years ago. It is only with a great deal of reluctance and after much coaxing that the patient consents to divulge her "wicked"—but natural—desire. In one of my patients the repressed desire for seeing the male genitals manifested itself in disgust and fainting at the sight of naked children bathing and even at the sight of pictures or statues of naked men.

What has happened in these cases is that the idea accompanying the desire has been forced out of consciousness, but the desire (affect) continues in all its intensity, nay, possibly even with greater intensity. The attempt at repression has failed. The objectionable (painful) emotion struggles to vent itself; the repressed

desire will be satisfied. But, owing to the watchfulness of the censor, this can be brought about only indirectly, i. e. by circumventing the censor and appearing in consciousness in disguise. If the repression is intense enough, if enough energy has been withdrawn from the objectionable idea, the idea will remain repressed and will manifest itself only in dreams. But if the repressed idea is not deprived of enough nerve force to rob it of its imperiousness the idea will remain unconscious but the affect will be replaced by or converted into apprehension (fear, anxiety). The repressed affect may be, it must be noted, wholly suppressed, so that no trace of it is to be found in consciousness. In other cases the repressed affect is converted into an affect of a different kind; so love may be converted into hate, desire into aversion, etc. Just what it is that determines the course or fate of the repressed affects in each individual case we do not yet know.

Repression is not complete when an idea is forced into the unconscious; it must be retained there and kept from re-entering the foreconscious or conscious spheres. This involves a constant expenditure of psychic energy. In other words, the upward urge of the repressed energy must be balanced by a continuous counter-force. The moment that this counterforce ceases or is weakened, e. g. in sleep, the repressed matter manifests itself. If the repressed matter is endowed with little energy, it is practically inactive and requires little counterforce to keep it in the background. But the repressed impulses can be easily re-charged, re-energised, and when this happens they at once tend to manifest themselves and give birth to a new psychic conflict. If the repressed matter is stronger than the repressing force, but not sufficiently so to appear in its own likeness, it appears in consciousness in some disguise. The disguise therefore represents a compromise between the conscious and unconscious motives. The disguise, or symptom, thus represents two opposite and antagonistic desires. If the attempt at repression had not failed partially, there would have been no symptom. That is why we say that the occurrence of symptoms is a manifestation of the return of the repressed.

According to Freud there are two kinds or stages of repression: *primary repression* and *true repression*. Primary or organic repression is the first phase of repression, occurs during the early years of infancy and childhood, and consists in the non-admission into consciousness of the ideas representing certain impulses and in their fixation in the unconscious. True or psychologic repression

is the second stage of repression and affects either psychic derivatives of the matters subjected to primary repression or such thoughts as are associatively related to these matters and which consequently suffer the same fate. True repression is therefore an after-repression. The primary repressed matter may be compared to a magnet in the unconscious which attracts or assimilates to itself all kindred matters in the conscious or foreconscious sphere that it can associate with itself. From this point of view repression is a two-fold process: an expulsion from the conscious or foreconscious as well as an attraction from the unconscious. It follows from this that a person may succeed in repressing objectionable matter without any conscious voluntary effort on his part. This kind of repression is possible only because of the presence in the mind of the primary repressed matter.

The repressed matter is, as we have remarked, not inert or lifeless. On the contrary, owing to the withdrawal from conscious control and the non-gratification of the desire the impulse goes on evolving more richly and more undisturbed; it might almost be said that it luxuriates in the dark and sends all sorts of strange derivatives or offshoots of itself into the foreconscious which are perceived as strange and puzzling fantasies, dreams, etc. It is from the study of these more or less unwelcome visitors from the unconscious that have succeeded in eluding the censor that we learn what dwells in the unconscious. One of my patients, Mr. M., suffering from sexual impotence (premature emissions), tells me after a great deal of hesitation: "I hate to tell you this; I ought to be ashamed to say it, but I might as well get it off my chest,—as far back as I can remember I have always had a very great and unaccountable aversion to kissing my mother, although I like to kiss; this aversion applies not only to my mother but to all her female relatives; the aversion grows less as the relationship is more remote." Analysis brings to light that Mr. M. harbors a very strong unconscious love for his mother and that his aversion to kissing her is a negative reaction to his inadequately repressed incestuous longing (*Oedipus complex*).

Repression, like forgetting, is a normal process and serves a useful purpose, viz.: to spare the individual the pain of the constant recollection of his painful psychic experiences or of the painful emotions accompanying the psychic conflicts between his (forbidden or tabooed) desires and his ethical, religious, and esthetic ideals. In other words, repression serves the purpose of psychic

self-preservation and may therefore be regarded as a kind of protective measure. The actuality of repression is proved by the actuality of the resistance manifested by the individual to the emergence in consciousness of certain derivatives of the contents of the unconscious. The reasons for the resistance are, of course, the reasons for the repression. Quantitatively speaking we may say that the resistance must be equal to or greater than the repression. Once I have succeeded in evicting from my apartment a hostile intruder and have closed the door against him I must employ at least as much force to keep him out as he is expending in his efforts to re-enter. To feel myself perfectly secure I must expend even more energy than he does. While I am thus employed I cannot devote myself to any other tasks. All neurotics are aware of this and describe with great detail their mental dulness, their inability to concentrate their attention upon their work, their consciousness of great mental effort in attempting to understand what is being said to them, etc. All this necessarily vanishes as soon as our neurotic understands that his herculean psychic labors are as useless as unnecessary, that his enemy is only his other self, that he has done his uninvited guest great injustice in looking at him through distorting lenses, that, properly handled, the intruder may prove his best friend. Neurotic repression differs from normal repression in its greater intensity, in involving strongly emotional experiences, in pertaining to desires with great dynamic intensity, in being due to faulty sublimation, and in relating to matters that are in conflict with the supposed welfare of society, or of the soul.

IV.

Psychic Determinism.—The theory of unconscious ideation is based not only on the phenomena we have referred to in the foregoing pages but also on the assumption that in the psychic world, as in the physical world, nothing can happen without an adequate cause. Freud had observed that in the lives of all of us, healthy or neurotic, there are many psychic phenomena for the occurrence of which conscious cerebration offers no satisfactory explanation. To explain these things as the result of accident seemed to him not only too easy and too improbable but against all the known laws of nature. His own observations and reflections combined with the results of the Jung association tests led him to the conclusion that the adult human being must be endowed with the gift of thinking unconsciously and that these unconscious thoughts exert a constant and powerful influence upon one's

whole conscious life. "The law of psychic determinism," so it is called, postulates that every mental manifestation in an adult human being has a psychic cause. When in accordance with this principle we investigate some obscure mental phenomenon, such as my patient's aversion to kissing his mother, we find in the individual's unconscious a group or series of highly emotional ideas, usually of an erotic nature, which explains the phenomenon. Such a group of emotionally charged related ideas, having a strong dynamic character, we call a *complex*. A lover, for instance, whose conduct is influenced by his love, e. g. forgetting an important business engagement which would have interfered with his visit to his lady-love, is said to have had his conduct "determined" by his "love-complex." A physician who "forgets" to make his daily call on an impecunious patient who is running up a bill for professional services is under the domination of his "money-complex." One or more complexes can be demonstrated to be at the bottom of every neurosis. The patient's symptoms are the language by which he gives expression to his complexes. The analyst, proceeding from the theory that everything the patient says or does or feels that is not adequately accounted for is determined by his unconscious complexes and is derived from them, helps the patient to interpret his symptoms, to ascertain his complexes and to bring them under his conscious control. A patient who has developed a fear of crossing streets and parks alone ("Agoraphobia") so as to make it impossible for him to yield to the temptation to abscond with his employer's money, is in a position to master the complex actuating him when he knows what it is and when he realizes that his will power, not his illness, must keep him honest. It is such observations as these that warrant us in the conclusion that a neurosis or neurotic symptom is an unconscious wish-fulfillment. The agoraphobic patient just mentioned may be said to have "wished his fear on himself" as a protection against yielding to temptation; he took refuge in a neurosis and made it impossible for him to abscond. That the attempt to repress his criminal desire has failed is proved by the presence of his symptoms. In the investigation of such cases the analyst will almost always find that more than one "complex" enters into the development of a neurosis or neurotic symptom. We express this fact by saying that the neurosis or symptom is *overdetermined*. Usually, but by no means invariably, all the determinants must be discovered before the neurosis or symptom will disappear. But the analyst—and the patient—must be cautioned not to expect the

symptoms to disappear at once on the discovery of the determining complex or complexes. The patient's environment may have to be changed and his mode of thinking, his outlook on life, his mental attitude to certain of his problems, must be modified before he can cure himself. Some symptoms, notably those of an organic nature, do usually disappear or lessen in intensity at once on the discovery of the pathogenic complex. This is very frequently observed in the case of the fugitive or transitory symptoms that occur during the analysis as a result of positive or negative transference. These and similar experiences with psychic symptoms justify the conclusion that the unconscious can be influenced by the conscious; but it must be admitted that in many instances this comes about only very slowly. The difficulty with which symptoms may be made to disappear, i. e., the difficulty with which a patient may be induced to abandon his symptoms, proves that the underworld of illicit desires is a by no means "tame affair." When the patient has recognized the meaning of his symptoms he is confronted with the great problem of how to adjust himself to the determining complexes. When a woman discovers that her fainting spells come on every time her hatred of her husband is stirred up by something that he says by way of censure of her or her family, she is not thereby cured. She must learn to find excuses for him, or she must leave him, or she must be content to hate him consciously.

Before dismissing this subject I wish to emphasize the fact that the complex which determines many (not all!) of our "accidental" and unconsciously performed acts is not always of a sexual or an erotic nature, as some of my illustrative cases (in this and in the preceding essay) show. This will be brought out more clearly in the essay on "the Unconscious in our Daily Life." The caviller may object that unconscious actions cannot have a "reason," that only actions that are "meant" can be said to have a reason. Without entering into abstruse discussion as to the meaning of these words I wish to say that when a certain act of mine is performed by me as the result of an impulse from my brain to a group of muscles without having been consciously intended by me and that if this action (not merely reflex) serves to preserve me from pain or to contribute to my pleasure and if on reflection I find that this action seems to stand in a certain relationship to a definite "complex" and to be determined by it, I may say that that "complex" was the cause or reason for my act. The unconscious act always serves a useful purpose although to conscious thinking that act may seem to be very inadvisable and wasteful.

V.

The Sexual Impulses.—Having concluded that neurotic symptoms are the expression of unconscious (repressed) complexes and not the meaningless, lawless and purposeless acts of an unstable mind, we must seek to ascertain the content of these repressed complexes and the reason for their repression. The motive for repression is the avoidance of pain or displeasure. The thing repressed is always a desire. But why is a desire ever repressed? and how can a desire give rise to pain? Surely no one desires what is painful. The answer to these seeming enigmas is that the coveted desire is pleasurable in the fulfillment but that this fulfillment would cause the individual—the moral, ethical, religious, law abiding individual—a greater amount of pain. An impoverished and physically exhausted woman nursing an incurably sick husband may long for his death, though the realization by her that she harbors such a selfish, inhuman thought may be too painful for her to bear. One of my patients, Mrs. H., aged 38, nursing a very sick and puny baby, is afraid to sit near an open window with her baby because she is haunted with the thought of dropping the baby out of the window. She is also afraid of all pointed objects, especially knives. To professors of psychology it may seem an irrelevant circumstance that she has two other children, that she wants no more children, that she is mortally afraid of another pregnancy and that she indulges in coitus interruptus. The death of the sick baby would be a great relief to her in many ways. There is absolutely no question that a desire may be both painful and pleasurable.

The primitive individual, the infant, we may remind the reader, is actuated solely by selfish desires; the whole world is to him only a means of gratifying his longings. So thoroughly selfish is he during this stage of his development that he has been said (by Stekel) to be *polymorph-criminal*, i. e. capable (in mind) of any crime that will tend to satisfy some desire of his. If it were not for the fear of punishment he would not hesitate at any crime. I hope that this will not be construed as meaning that the young child is a wilful criminal; he is only intensely selfish, egoistical, unconscious of his obligations to society. As he gets a little older the period of organic repression sets in and these desires are repressed partly automatically and partly as a result of the development in him of a sense of shame, disgust, etc. This repression is intensified by educating the youngster to realize that his desires are of two

kinds, good ones and bad ones; that the suppression of the bad desires is highly commendable; that this suppression is, furthermore, rewarded by the love of the parents and the approval of the community, and is compensated for by a clear conscience and the promise of a heavenly reward. These motives for repressing the bad desires constitute that system of psychic inhibitions we have designated as the censor. But it must not be supposed that repressing the wicked desires has deprived them of their potency or urge. The unwelcome intruder whom I have forced out of my sanctum continues to annoy me by his attempts to reenter. By forcing him out I have only made him invisible. As a result of the coercion of the individual to conform to the usages of civilized society the repressed desire must disguise itself before it can enter consciousness. The stricter the censor the greater the need for disguise. The more cultured and the more conventionally moral the community is, the greater and the more ubiquitous is its hypocrisy. The enemy I have driven out may re-enter my premises if he can deceive me by an appearance of harmlessness. That in such cases the individual is really only deceiving himself does not matter. Self deception is universal. As we are constituted it is impossible to be as "good" as the ideal we set up for ourselves or as is set up for us. Anything that increases my enemy's strength (e. g. somatic processes, association with others, etc.) will enable him to batter at my door and my peace of mind with increased or renewed vigor and will force me to renew my counterforce or to give him entry. If my wicked desires become too strong and I yield to them I become a criminal; if they are too strong for me to resist them successfully but not strong enough to make me yield to them I become neurotic; if I can put them to good use for the benefit of the community, i. e. to *sublimate* them, I become an artist (poet, novelist, dramatist, sculptor, etc.)

Freud has very conveniently and appropriately divided the desires actuating human conduct into two great classes; the ego (or self-preservation) impulses and the sexual or procreative impulses. The *ego impulses* have to do not only with the individual's desire for life but also with his desires for knowledge, acquisition and power. The *sexual impulses* have to do with the individual's desires for pleasure as well for the reproduction of himself, for the renewal of himself in his own flesh and blood. (This is the motive of a large number of Shakespeare's Sonnets.) But it must not be supposed that these two groups of impulses or instincts are

sharply delimited or differentiated from each other. They are not. The so-called sexual or erotic (love) impulses often serve the purpose of the ego impulses, and the ego impulses often serve a sexual purpose or contribute to the sexual pleasure. A man's labors in the commercial world may have no other purpose than to win or retain the love of some woman. A bachelor's commercial activities may be the outlet for his otherwise undischarged sexual impulses. A child's greediness for knowledge may be largely determined by his sexual curiosity. And on the other hand, as in one of my patients, a man's sexual activities may be only a means of impressing his male friends with his "manliness." Passionate and secret thumb-sucking in one of my female hysterics proved that the mouth and lips are capable of yielding sexual gratification in addition to performing their normal function.

The ego impulses and the erotic impulses are often in conflict with each other. To preserve his self-esteem and the approval of the community, and for other reasons, the individual often finds it imperative to repress his sexual impulses, i. e. the ego impulses prevail upon the individual to repress his sexual cravings or even to deny their existence. For the fact is that the ego impulses, with certain modifications, are encouraged both by precept and example; whereas the sexual impulses, owing to causes we cannot now discuss, are condemned. Our conventional morality refuses—to its own certain peril—to take cognizance of the truths of physiology. That sexual abstinence is possible and desirable is still being preached to our young men and women by persons who should—and often do—know better. (I am not pleading for unrestrained licentiousness or free love.) Not only adults but even young children, are induced—by terrorization—to repress their sexual longings. Freud has found that it is the repression of these sexual impulses in childhood that lays the foundation for the subsequent outbreak of a psychoneurosis, creates the soil in which later a neurosis may take root.

But the physician educated in our medical schools may ask: has the child sexual impulses? is there more than one sexual impulse? and what about the "innocence" of childhood? Let us say at once that the sexual impulses are very many and that the innocence of childhood is a myth. A child without a sexual life, if there were such a child, would be a monstrosity. An asexual child is as impossible as an altruistic child. If there is any truth in the biogenetic law of Haeckel, this must be so. Besides, all observant

parents and others who have carefully studied the psychology of childhood know that even young infants indulge in numerous forms of sexual activity. Infantile masturbation is extremely common, perhaps universal. As a result of internal processes and of the external stimulation or irritation of certain regions of the baby's body by the mother or nurse, e. g. in cleansing the baby or fondling it, the child derives sensuous pleasure from these areas (*erogenous zones*). (Is it necessary for me to express the hope that no professional or amateur psychologist will construe this as an argument against bathing or diapering babies?) The chief *erogenous zones*, i. e. areas of the body whose stimulation may produce pleasure of a sexual nature, are the mouth, the urethra, the neck of the bladder, the anal region and the skin. Some of the sexual activities of infants are thumb-sucking, tongue-sucking, toe-sucking, lip-sucking, wilful retention of the feces and (when the child is old enough to know better) incontinence of urine. Bed-wetting in older children is often the result of masturbation and the equivalent of a pollution. In older persons other parts of the body, e. g. the eyes, the ears, etc., may take on an erogenous function. The important thing to note about these erogenous zones is that they are parts of the body that serve a dual function, that they perform not only a sexual function but also a function that tends to the preservation of the individual. The eye not only sees the approach of an enemy but the charms of a desirable sexual partner. The mouth serves for nutrition and speech as well as for kissing. The ears hear an enemy as well as the lullaby of the beloved mother. The thumb, tongue, toe, etc., are substitutes for the nipple of the mother's breast. The skin, the erogenous zone par excellence, serves not only as a covering and as an excretory organ but as an organ for the derivation of pleasure from contact with the body of the beloved. The genital is an excretory as well as a sexual organ. The sexual function of the nose is too well known for special comment. That the rectum is a sexual organ is proved not only by the occurrence of passive pederasty but by the fact that in the embryo the rectum is a part of the cloaca, the pouch from which the vagina is developed. The importance of these facts for us lies in the clinical fact that if a psychoneurosis causes an interference with the sexual function of an erogenous zone it also interferes with the other function. That is why we find such neurotic symptoms as blindness, anosmia, vomiting, globus, stuttering of the bladder, painful urination, constipation, hyperesthesia of the

skin, anesthesia of the skin, deafness, and other symptoms too numerous to mention.

The sexual activities of this period of childhood as well as of the next, the periods of the mind's greatest receptivity and impressionability, are never forgotten although they seem to be so. In truth they leave upon the mind profound and ineffaceable traces of such a nature as to play a decisive part in the individual's subsequent development. The repression of these auto-erotic activities is followed by a diversion of some of the sexual impulses to cultural and social aims,—a phenomenon that is known as *sublimation*.

The period of childhood, following that of infancy, is very rich in sexual experiences. The erogenous zones continue their twofold functions. In addition to this the child manifests inclinations and potentialities for all sorts of perverse and inverted sexual activities. Inasmuch as all human beings are by nature bisexual the child indulges in sexual activities with persons of either sex. Among these activities we include such phenomena as examining at every opportunity the genitals of his male and female associates, exhibiting his own genitals to them and watching persons in the performance of their excrementary functions. Passionate love affairs in childhood are not at all uncommon. Nor are sadistic and masochistic manifestations unusual. Other decidedly sexual sensations are derived from being rocked, being swung, wrestling, etc.—in other words, a child may derive sexual pleasure from the activities of his muscular system as well as through the skin and mucous membranes. Arousing the child's emotions by telling him thrilling stories of adventures with giants and robbers easily results in masturbation. This is the period, too, in which the birth of another baby starts the child's speculations as to the origin of babies and as to the nature of the sexual function. He is too observant and too logical to believe the falsehoods that he is told and he indulges in all sorts of strange fantasies and speculations in which, of course, his parents play the chief role. In addition to all this there is hardly a child alive who has not sometime been abused or introduced to some form of perverse or normal sexual activity by mischievous playfellows or unscrupulous servants, or at least been enlightened on sexual matters.

The child's speculations as to what constitutes the difference between boys and girls may prove of the utmost importance for his subsequent development. The importance that a little boy attach-

es to his little organ and his disappointment in not finding one in little girls may, in connection with certain other factors, precipitate him into homosexuality. This seems to be one reason why inverted men look for effeminate young men, i. e. for a woman with a male organ. (This is excellently shown in Shakspere's Sonnet, No. 20) Little girls envy the little boys their treasured possession and this begets in them a sense of inferiority to the male sex (which persists throughout life, determines their education and careers) and begets in them the desire to be boys. (This is the "masculine protest" of Alfred Adler.) The accidental observation of her father's genitals not seldom begets in the little girl a fear of the big phallus which may be fraught with serious consequences for her. Many a young woman keeps on putting off her marriage because of this fear. One of my patients, a frigid woman, was so possessed by the desire for a big phallus that she attributed her anesthesia to her husband's small phallus which was, in truth, of normal size. Young boys are often troubled by the thought that their organ is small in comparison with their father's and that they won't be able "to do anything." This often results in a depressing sense of inferiority and hopelessness. I found this complex in every one of my cases of sexual impotence.

A prominent factor in many cases of psychoneuroses in males is the so-called "castration complex," i. e. the fear of losing the penis, of becoming impotent. This has its origin in the little boy's fear that his father will make good the threat of "cutting it off" if he is caught masturbating. In one of my patients the fear of imbecility following sexual relations was attributable to a similar threat with reference to infantile masturbation. It is almost incredible what strange fantasies children indulge in as to the nature of the sexual act. Some suppose it consists in kissing, urination, eating something, etc. There is nothing commoner than the sadistic conception of coitus, i. e. that coitus is a kind of assault by the father upon the mother. The frigid woman previously referred to obtained sexual gratification if she masturbated while indulging in fantasies of being "assaulted" by powerful policemen or by a lion. I treated a hysterical girl who feared she'd become pregnant from a kiss. These infantile fantasies and theories are of the utmost importance in determining the characters of the future men and women and the symptoms of the future neurotic. The symptoms of hysterics often prove that in their (unconscious) fantasies the erogenous zones play the role of true genitals. A very relig-

ious neurotic woman may develop hysterical blindness in punishment for having looked lustfully at a handsome man, as if she had committed the unpardonable sin with her eyes. Stekel reported a case of a rabbi who punished himself with paralysis of his right arm for having shaken by the hand a beautiful gentile woman as a thought of her beauty flashed through his mind. How an infantile theory can influence the adult's sexual life is strikingly illustrated by the following case: a very intelligent business man, aged 42, has never enjoyed (i. e. derived pleasure from) normal sexual intercourse because the vagina seems to him to be in the wrong place. In childhood he regarded the navel as the girl's genital.

Before we explain the "*Oedipus complex*," the most important phenomenon in the child's life, we must say a word or two about the meaning of the word "sexual" as employed by Freud and his disciples. In brief then it embraces everything that is included under the word "love" and the instinct for propagation. As a result of his autoerotic activities, his sexual fantasies and his mother's love and devotion the little boy develops a strong love for his mother, longs for union with her and wishes for the removal of his father. This love for one's mother and jealousy of (or hatred for) the father is known as the *Oedipus complex* (from the tragic story of Sophocles' hero who killed his father and married his mother) and constitutes, according to Freud, the essential or nuclear complex of every case of psychoneurosis. It goes without saying that we find this "incest-complex" also in little girls. Brother and sister often cherish an incestuous love for each other. Owing to the development of the moral and ethical senses of the child and its gratitude to both parents for their love and goodness it takes a bipolar attitude to them (i. e. it both loves and hates them), and represses the incest-complex. This repression gives the complex great psychic and pathogenic significance. In fact nothing has greater influence on the character of the future woman than the little girl's attitude towards her mother or on the character of the future man than his attitude towards his father. This is also true as to the nature of the symptoms of the neurosis that may develop later in life. In one of the most trying cases of hypochondria that I have been called upon to treat, the patient's energies are devoted to the denial of the sexual instinct as a defence against the recollection of numerous sexual transgressions against his sisters, younger and older than himself, and frequent attempts

at sexual intercourse with them in his childhood. Now he is disgusted with every thing sexual and is deadly afraid of a pollution. Until he was taught better by experience he tried to "save" prostitutes from their calling,—and in his fantasies he longed to save his beautiful mother (with the "nice white skin") from the brutality and sensuality of his disgusting (and hairy) father.

There is not a child in whom the Oedipus complex may not be observed. Why, then, have we not all developed a neurosis? To answer this we need only point out that all human beings have the same complexes, but in different proportions. The normal remains normal only because he is so constituted that he is not overwhelmed by life's trials and can master his complexes, whereas the neurotic—owing to his peculiar constitution and the intensity of his complexes—is mastered by them. While on this subject I may also point out that it is not necessary or practicable to dig out the Oedipus complex in every case of neurosis. All that the analyst strives for is to get rid of the symptoms and to enable the patient to resume a normal relationship to the world; and this is often accomplished before the incest-complex is brought to light.

With the approach of *puberty*, important changes take place in the sexual life of the individual in the interests of the instinct for propagation and as a result of the maturity of the sexual glands. Briefly stated these changes are as follows: (1) the individual ceases to be auto-erotic and becomes strongly hetero-sexual, i. e. seeks a person of the opposite sex as his love object; (2) the erogenous zones and partial impulses lose their sovereignty and are reduced to aids to the true sex function; (3) the primacy of the genital zone, the penis in the male and the vagina in the female, is established; (4) the sexual aim becomes the union of the genitals with the genitals of the opposite sex and, in the male, the emission of semen. As might be expected these complicated processes do not always proceed without pathological modifications. In girls especially the establishment of the normal sexual aim may be delayed or seriously interfered with. Until puberty girls differ but little from boys in their sexuality, till now their chief erogenous zone was the clitoris, the analogue of the penis, but after this the vagina must become the erogenous zone proper. The longer a girl remains unmarried the more difficult is it for this transformation to come about and the more surely is she predisposed to a neurosis—and frigidity.

It happens now and then as a result of a combination of peculiarities in the individual's psycho-sexual constitution and in his infantile or childhood experiences (e. g. perverse sexual trauma or intense preoccupation with fantasies of perversions) that at puberty the normal synthesis does not take place and the individual finds himself afflicted with some one of these pathological abnormalities of the sexual impulse that have received its name of *inversions* and *perversions*. As a result of the causes aforementioned the individual has become anchored or fixed either in his narcissism (auto-erotism), or homosexuality (or homopsychism), or one of the partial impulses (sado-masochism, voyeurism, exhibitionism) or one of the activities of the erogenous zones (fellatorism, etc.), or fetishism.

[To be concluded in December issue.]

For THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

PROSTITUTION IN 1886 AND IN 1916.

By I. L. NASHER, M.D., New York.

I KNEW the prostitute of 1886, and I know her to-day, professionally and intimately. No, it was not sexual intimacy but the intimacy that comes from a close study of her life, her thoughts and ways, and an interest in the purely scientific side, the influence of vocation upon mentality and the physical organism.

The vocation is the same as it was a generation and a hundred generations ago. There are perhaps some new forms of sexual perversions, forms not described in Krafft-Ebing's *Psychopathia Sexualis*, but otherwise her work is the same as it has always been. But the prostitute herself is a different creature from the prostitute of thirty years ago, she works under different conditions and circumstances, and her mode of life is different. She has changed with the styles and fashions and the newer conceptions of ethics, and changed by changes in the social and economic conditions in thirty years. Back in the late 70's and early 80's most of the women of the street were French and American in the hotel district, German, Irish and American in the downtown sections. In the fashionable brothels were French and American women, in the poorer ones were Irish and Germans, in the sailors' dives near the waterfront were Scandinavians. Most of the French, German and

Scandinavian brothel girls were imported for the purpose, the Irish were mostly domestics who, having submitted to the boss or his son or some friend, got in trouble. Either the midwife, or some sympathetic countrywoman or a procuress told her what to do and how she could make a living without hard work and she went into the brothel. I was a junior drug clerk in the late 70's and I was frequently obliged to deliver medicines to brothels, often to the girls in their rooms. One drug store in a fashionable section of the city supplied many of the high-class brothels and there I learnt how, through a system of interchange of brothel inmates the girls from New York were sent to other cities and only out-of-town girls were kept in the city brothels. The girls in the fashionable brothels were refined, educated, young and attractive. Few men had exclusive mistresses but many had brothel inmates who were at their exclusive disposal one day in the week, or upon demand.

I discussed this article with an elderly, highly respected widow whom I knew when she kept a brothel, "ladies boarding house" she called it, before the Parkhurst crusade drove her out of business. She is indeed the only woman I have met who began at the bottom of the ladder of unconventional society, climbed to the top, then jumped over to the ladder of conventional society and has remained there. (I know of others but I have not met them.) She says the American girls in the fashionable brothels of thirty years ago, were mostly girls of good families and took up this life *deliberately because they wanted the association of men*. Some were girls who had become pregnant, came to the city for relief and were induced to enter the brothel by the midwife or doctor. A notorious woman abortionist whose Fifth Avenue establishment was always crowded, made some of her thousands from placing such girls in brothels. Some of the fashionable brothel inmates were widows, a few took up this life when they found that their husbands were unfaithful or who had been unfaithful and were driven out by their husbands. A few were the daughters of well-to-do farmers, who came to see the city and fell into the hands of a procuress. When brothels paid from ten to fifty dollars to any one who brought an acceptable girl, procurers and procuresses were found wherever there was an opportunity to speak to young women. Salesmen and saleswomen, waiters and waitresses, hotel clerks and help, cabdrivers, even policemen, doctors and druggists, all willing to increase their income by selling girls to houses, sup-

plemented the regular suppliers of stock or cattle, as they called their wares. There were then as there are now, men perverts who wanted only young, attractive virgins but these were hard to get. The men did not want obstreperous girls or girls so drunk that they were unresponsive, nor would they accept the poor, emaciated shop girl who could be obtained through the promise of fine clothes and good food. Madam was sometimes obliged to keep such a girl for several months before she was in condition to suit the patron. Only the wealthy could afford such luxuries and only old men wanted them.

Few of the expensive brothel girls went to the cheaper brothels. When tired of brothel life or cast adrift they went to the Buckingham or Haymarket, concert and dance halls, where an admission fee was charged, later to the Cremorne or Star and Garter or to the Alhambra, down town, which were free, and sought patrons there. In the brothels they were restricted in the matter of drink; once outside they could drink as much as they pleased and as they usually got a commission on the drinks they induced their friends to buy them, they frequently drank to excess and sooner or later they reached the police station and jail or hospital. It was probably true thirty years ago, though it is not true to-day, that the average life of the prostitute after she took up this life, was seven or eight years. Thirty years ago girls did not know much about venereal diseases or other sex matters and gonorrhea was neglected until some patron whom the girl infected gave her a beating, or, if she was in a brothel, madam charged her with the amount of the doctor's bill of some unfortunate admirer. Careful girls examined their patrons and used antiseptic washes, but many of the girls were satisfied with a monthly bath. As gonorrhea was then considered an insignificant ailment and its relation to tubal and ovarian disease was unknown, no attention was paid to it and tubal and ovarian diseases were much more prevalent among prostitutes then than now. I recall the frequency of Tait's operation in Bellevue hospital in the early 80's when the necessity for operation in these diseases was recognized. Another cause of death much more prevalent then was septic infection, which was then called pelvic cellulitis, following abortion. Many girls became expert in the use of the catheter and the knitting needle to produce abortion but they knew nothing of disinfection. It was a simple matter in those days to hush up such deaths. As the girls who sought patrons in the dives drank excessively many developed nephritis.

Many others developed tuberculosis through what we now recognize as unhygienic surroundings, the absence of fresh air and sunlight in the rooms, expectorating on walls and floors, excessive smoking and the habit that many had of taking puffs from the cigarettes of patrons who may have had tuberculosis. Opium smoking was also indulged in by many prostitutes and this lessens the resistance to the disease. All these causes of early death among prostitutes thirty years ago have either disappeared or are but slightly operative to-day. The prevention of conception and aseptic treatment of abortion have lessened the death rate from this cause. The girls realize the danger from gonorrhea and attend to it as soon as it is recognized. Most of them use antiseptic douches before and after intercourse. They get no commissions on the drinks they consume and they realize that they can do no work when they are drunk. They are altogether more careful of their health to-day than they were a generation ago.

In those days after a girl was in a brothel a few months she became old stock and was transferred to another house. After she had made the round of the brothels, which took three or four years, she was cast adrift and then began the life in the Tenderloin dives, after a year or two she went to the Bowery dives and after that she went to the dock resorts; but few American girls lasted that long. A few who did not drink, took care of themselves and their money, and had a thought for the future, were able to become brothel keepers or retire, start some respectable business and perhaps marry. Madam was always anxious about the health of her girls but she did not encourage economy; the best employee always makes the worst competitor.

A few girls had the good fortune to meet patrons who took an interest in them and married them. Some of these women have become prominent in society where their early history is unknown.

Then as now some girls were driven to prostitution through poverty, but in those days comparatively few girls were obliged to earn a livelihood and the harshness of parents, dissatisfaction with home conditions, the desire for better clothing or downright "viciousness" drove more girls on the street than want. Some girls went deliberately on the street because they wanted the association of men, others when they found that they were pregnant and their lovers refused to marry them, a few were driven by vicious parents or panders. The girls frequented 14th Street and the Bowery. In the same district were also the Irish and German girls whose use-

fulness in the brothels was over, and some American girls who had come down from the Tenderloin. Almost all of the French brothel girls were imported for the purpose; those on the street were either former brothel girls or girls who came over on their own account. These girls were economical, drank little, saved a few hundred dollars and went back. The German girls in the brothels were either imported for the purpose or girls who like the Irish girls had been domestics and had fallen from grace, and had been recommended to the brothel by the midwife or procuress. The German girl was generally economical, careful of her health and frequently saved enough to become a brothel keeper of the cheaper kind. My informant smiled when I read this part of the manuscript to her. She had been a German domestic who went with her beau to the Bowery concert halls. When he got what he wanted and gave her more than she wanted he left her. She visited one of the concert halls in search of him and confided in a habitué who then initiated her into the tricks of the trade. She first walked the streets and patronized dives, then entered a cheap brothel, and in four years she had made the rounds of the brothels. She had saved enough to open a cigar store brothel in the red-light district with two rooms and three girls. Later she opened an eight room house and when I first met her she had a fashionable, ten dollar house with twelve rooms near the old Madison Square Garden, and a furnished room house nearby which the Tenderloin prostitutes patronized. This woman had some pithy sayings which hold as good to-day as they did thirty years ago and which may serve the young physician who has dealings with this class. "Women of my class run no accounts, for nobody trusts us and we trust nobody. If you don't get your fee at once you will never get it." "We have no more respect for the doctor who will take his fee out in trade than he has for us!" "The doctor who wants to be my friend cannot be my physician." "The girl who will rob a patron will rob her doctor." "A man should never let a sporting woman fall in love with him if he has any regard for his life, his home or his family." "No man should go with a woman who hasn't as much to lose by exposure as he has." "The sporting girl suspects the motives of every man who does her a kindness." "The oldest fools want the youngest girls." "If you're right, fight; if you're wrong, pay up or skip." It is hardly necessary to say anything about the Scandinavian girls. They formed a class by themselves, supplied a small, exclusive class, and they were rarely found outside of their own district.

Thirty or thirty-five years ago most of the prostitutes were foreigners and few of these had even a common school education. Some who had been brought up for the purpose had no conception of modesty or morality and walked about naked in their rooms though window shades were up and doors open. Though knowing that their vocation was forbidden they could see no wrong in it. They were unmoral rather than immoral. The American prostitute on the other hand was immoral for she knew that her vocation was ethically and legally wrong and she took it up in spite of the law, in the same spirit as the thief takes up his vocation. Many had however a sense of modesty though they would expose themselves for cash. I have heard a number of these women declare that they felt greater humiliation and degradation in exposing themselves for cash than in their usual work. Many of the French and a few of the American prostitutes were perverts and gave "circus" performances, runners in hotels and saloons securing visitors. These places were run quite openly at this time, indeed it was at the invitation of a police official that I first visited some of the vicious resorts, brothels, opium joints, gambling houses and other illegal places. (They say things are different now but Dame Rumor says such exhibitions are still given, opium is still smoked and brothels still exist.) Few of the brothel inmates were criminals and in most a patron was safe from theft. In some a sliding door at the back of the clothes closet permitted an investigation of the patron's clothing while he was busy but the panel game, in which the patron's clothes were rifled, was generally worked by the independent prostitute.

There were then, as there have always been, girls who did things that were forbidden in a spirit of perverseness. They could not stand restraint and opposition, they rejected conventionalities, and preferred the association of men who, like themselves, had no regard for law and order. These girls did not enter brothels but worked on the streets and these were the ones who worked the panel and badger games and became thieves and blackmailers. Many of these girls were well educated but had been pampered up to the age when it was thought best to restrain them. Unaccustomed to the curb, they broke away and became the vilest of their sex.

The brothel inmates had no lovers but most of the girls of the street had either husband, lover or protector with whom they lived and both loved and feared. And the prostitute was as jealous of him as a good woman would be of her husband whom she loves, yet

the prostitute often knew that her man had several women working for him under the same conditions as she did.

It was estimated thirty years ago that there were 15,000 prostitutes in the city, of whom about one half were on the streets, nearly one third in brothels and the remainder received their select patrons in their homes. With such a large number of public professional prostitutes there was comparatively little clandestine prostitution and very little unchastity among respectable girls. There was a sharp dividing line between the girl who was straight and the girl who was not. The chastity of woman was more highly valued and there was a stricter concept of modesty. Men married at an earlier age, few women were obliged to earn their livelihood, and women did not resort to artificial devices to arouse sensuality in men. There was neither the occasion nor the opportunity to maintain illicit relations between apparently respectable men and women, since the city was wide open and men could find what they wanted without difficulty or danger, and without going to the straight girl to satisfy the cravings that arise from the fundamental instinct of race preservation.

In the next article we will examine the prostitute in 1916.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE NECESSITY FOR A DOUBLE STANDARD

BY OSCAR A. H. SCHMITZ

LOVE is a serious problem owing to its consequences which can make it either the most tragic or the most ridiculous thing on earth. And that problem is most pressing, much more so for instance than the problem of faith; for one can very well go to sleep without having decided whether there is a personal god, but not without having settled the question as to whether one is or is not going to ask for the hand of some marriageable miss the next day.

The problem of love is made more complex on the one hand by oversentimental souls and on the other hand by rigid logicians, who reduce it to clear mathematical formulas, and draw conclusions which have nothing to do with real life. Those logicians demand the same standard of morals for both sexes, that is, either men's freedom for women or women's shackles for men. The wrong as-

sumption upon which that demand is based is that man and woman are absolutely alike in their sex life. But the question is: *Are men and women alike in that respect?* Are for instance man's easily kindled but relatively shortlived desires to be compared with woman's deep and complete surrender of herself?

Nature herself furnishes the proof of motherhood; there cannot be any doubt as to who is the mother of a child. Fatherhood, on the other hand must be proved legally, for after the child's birth the connection between the father on one hand and the mother and child on the other hand ceases.

Since our customs have decreed that the father should take care of his offspring, and since the mother has only to make a declaration under oath to prove that a certain man is her child's father, the father is entitled to certain assurances; as we cannot go back to harem seclusion, the mother must so comport herself that he can credit her statement as to his being the legal father.

This is the origin of the double moral standard. The woman who grants herself the liberties a man usually takes, cannot expect anyone to believe her when she mentions a certain man as her child's father. She cannot be positive about it; she can only make a guess.

The apparent justice of the demand for sex equality in that respect is after all a flagrant injustice. Justice consists in drawing distinctions between things that are different. The highest injustice is *the assumption of an nonexistent equality*. It is by no reason because woman's sexual activity may have very serious consequences that man should have his freedom restricted, when there are many women whom their sexual urge has led outside of the limits of morality and who are willing to satisfy man's desires. Anyone who is acquainted with life knows that those women are only in very few cases the victims of seduction or of economic circumstances. Most of them have simply obeyed their instincts which have driven them away from family life.

The prostitute is very rarely a product of our social system. The prostitute character is as old as the world and would exist under any social system. In fact the woman with a prostitute character who, owing to her financial independence manages to retain her social position, causes more immorality among her set than we could observe in the middle or lower classes from which the prostitute is severely cast out.

The only feature of prostitution which is directly traceable to social conditions is the humiliating position in which the demi-monde finds itself and which is due to the fact that we do not look matters squarely in the face and are trying to effect a compromise between christian ethics and the necessities of life in large cities.

To return to the difference between man and woman in love, let us take a concrete example. Suppose a young man is indiscreet with a chamber maid; and suppose a young girl is indiscreet with a butler. A strict theoretical morality will condemn both cases with equal severity; at the same time find me the person who would not draw a distinction between the two cases! The new ethic says that we should not draw any distinctions at all; of course we might pass laws assimilating theft to murder, but that would go counter to all legal and moral principles.

In spite of the proved inequality of man and woman there are women and feminine men who pretend that married women live in a condition of sexual slavery. If there is a slave in the married relation it is the man, for the marriage relation is arranged with regard not to the man's but to the woman's nature. The woman's desire to secure permanently a father for the possible offspring is perfectly satisfied by a monogamous marriage. The legal form of marriage in force at present and by which man in obedience to a higher morality cuts off his own hand, is attacked at present by thoughtless and impulsive women as being the product of man's selfishness. Yet that marriage binds man to woman not only financially but sexually as well. The slightest trespass on his part is punished as severely by the courts as the grossest offence of hers. The man who, while otherwise a good husband and father, forgets himself once and the woman who uses her marriage as a shield for illicit relations are treated in the same way by the law; it is "adultery" in both cases. A slight trespass on the part of the man, a trespass which means nothing and does not prove that he does not love his wife, may cost him his home life and his children. After divorce the woman regains her freedom, keeps her children and is entitled to financial support.

Marriage used to be the union of two individuals who tried to find in each other what they individually lacked; modern marriage is rather an "experience" through which two sex-conscious persons pass and in the course of which woman curbs man's sexual nature. Her sexual nature, however, will also claim its rights and the result

is a good deal of disorder, for woman's sexuality when let loose is a torrent that cannot be kept within bounds.

The great danger to morality is not that a handful of girls and women yielding to their instincts should become prostitutes but that the future mothers of the race should put too much stress on their sexual desires.

But this is what the new ethics demand. Our whole literature is filled with it. If we look at facts, however, we discover that marriages entered into for the sake of an "experience" turn out to be very poor marriages. Our modern writers expect marriage to be erotic, artistic and intellectual. In spite of the praise our poets have showered on it, I can't help thinking that such a view is very bourgeois. What do we care whether a poet is a happy husband or a gay Don Juan? He wouldn't probably have become what he is but for his wife. But if his married life intrudes too much into his writings it is bound to add to them a touch of more or less conscious humor and to impart to them a more or less pleasant taste.

As I do not care to mention living people I might recall the case of Otto Julius Bierbaum. Marriage considered as an intellectual and artistic "experience" makes a man a bourgeois, mediocre and effeminate individual. The intellectual conception of love is a product of the modern individualistic view which attaches altogether too much importance to the individual. All the things which once were suppressed because they made life in common unbearable, are now encouraged as signs of individuality.

Young and old rush into mistakes because they feel that they are not allowing enough free play to their personalities. To those individualistic cranks I would almost prefer the old roué who treats all passion and sentimentality as trifles.

The woman's movement has a distinct interest in emphasizing sentiment and passion, for this gives woman more outward importance. The statement that woman will no longer be an object but wants to be a human being expresses simply woman's desire to see every one of her sinful desires taken seriously. The woman's rights movements is encouraged in this connection by woman's natural coquetry.

The modern marriage based merely upon a more or less durable physical attraction is much more immoral than the old fashioned form which was based upon practical considerations; for the first requisite of morality is a feeling of responsibility. In spite of all the adjectives such as intellectual, soul-broadening and others which

are tacked today to modern marriages, those unions are simply a mixture of self deception, sensuality and irresponsibility.

Marriage and love are inseparable terms but marriage and eroticism have nothing in common. Eroticism may have its place, but only outside of marriage. Erotic love is not the proper form of relationship for people who have to spend days and nights together. Strong erotic stimuli presuppose short periods of time spent together in order that the unavoidable reaction does not take place while the desired object is still near. Eroticism will sometimes revel in the very traits that would ordinarily repell a man. If a woman leaves free rein to such instincts, she will soon be on the road to perdition, for her impulsive nature does not allow her to draw a line between temporary fancies and real strong feelings. This fact makes a double standard necessary. For love does not seek contrasts as eroticism does; it takes contrasts and blends them into one harmonious whole.

Once upon a time married people used the same bed; then there were twin beds; and now the city bred girl who wishes to remain her husband's mistress demands two bedrooms; this emphasizes sexuality in a way which can only lead to trouble. The sexual element should not be emphasized in married life; sexual intercourse should not be discussed nor planned for but should take place casually without being granted too much importance.

Natural sexual desires should be satisfied whenever they appear without any calculations as to when and how. Otherwise desire dies out. When it does divorce is not very far.

Modern ethics seeks to impart to the sexual element a solemn, soulful turn. Higher morality, on the contrary, seeks, after the storms of youth are past, to repress sexuality gradually and to exclude it from our higher life.

It is more moral in any case to treat the sexual element as many men do, a little lightly, than to treat it in woman's way and take it too solemnly. As long as we take it lightly we retain our self-control. The romantic, Ibsenian, neo-dyonisiac soul which glorifies sexuality never frees itself from its bonds. A Don Juan can conquer his freedom. The poor devil who takes his wife too seriously may waste a good deal of energy.

Better let the women whose sexuality seems to be the central point of their life join the ranks of the hetairas than allow them to be the prophetesses of a new morality applying to man and woman alike. Being mere prostitutes and knowing it they would not be as dangerous as when expounding their indecent theories to the world with sonorous words and impudent gestures.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE SIGNIFICANCE OF PSYCHANALYSIS FOR THE SCIENTIFIC STUDY OF WOMAN

BY THEODOR REIK

IT is well known how important a share is taken by psychology and neurology in the building up of a scientific study of woman. Both these older branches of knowledge have been enriched in an unexpected manner by the new science of psychanalysis and it seems reasonable to expect that this aid will be of service also for the scientific consideration of womanhood.

If we wish to find out in what manner psychanalysis can help us in the study of woman we must first determine what it is that it seeks to establish in general. Psychanalysis is a relatively young specialty, founded by the Vienna neurologist Sigmund Freud, and now practiced by numerous physicians, psychologists, and representatives of other sciences in every country. It was started on a practical basis and is eminently practical in its tendencies. Its most important aspect is the therapy of the psychoneuroses.

Professor Freud, the originator of the new science spent the years 1885-1886 with Charcot where he devoted himself especially to the study of hysteria. His "Studien über Hysterie" which he wrote with Josef Breuer in 1895 were based on a new therapeutic procedure which was called "catharsis." The symptoms of this puzzling disease disappeared as soon as one succeeded in recalling to the patient's consciousness on what occasion and in what association these symptoms first appeared and thus to counteract the affects which then remained. Thus a forty-year old woman lost her tic which had its origin in two forgotten experiences. On the first occasion she had succeeded in putting her child to sleep with great difficulty and had told herself that she must remain very quiet in order not to wake it, when, as if forced by a counter will she began to utter a peculiar, clicking sound. On the second occasion she was taking a carriage ride; the horses became frightened and she had to avoid every noise in order not to cause them to become unmanageable. The results of Freud's investigations may be thus briefly summarized: "Hysterical patients suffer from reminiscences and their symptoms are recollections of long past painful experiences to which they subject their whole emotional life."

The most important feature in the psychic side is the "strangulation" of affects (emotions) the normal outlet for which was blocked by the pathological situation. A large part of these affects was transformed into bodily stimulations and inhibitions which present themselves to the physician as the bodily symptoms of the hysteria. This process of transformation was termed by Freud and Breuer "hysterical conversion."

Freud, who pursued these investigations further on his own account, had to ask himself what faculty it was that kept these original painful experiences from the consciousness of the patient and what power was strong enough to bring them back to the light out of the depths where they had lain unrecognized. The process of forgetting took place in such a manner that in respect to this particular experience there was constituted a wish or desire which stood in sharp contrast to the moral and esthetic ego of the person involved. The wish was then thrown into the subconscious, or according to the psychanalytical terminology, it was "suppressed." This concept of suppression as a protective mechanism for the spiritual personality proved to be one of the most important results of psychanalytic investigation. If the spiritual dissociation had been explained beforehand as a congenital weakness or insufficiency on the part of the patient it would have been clear that it was the result of the struggle of antagonistic spiritual stimuli. Indeed we normal individuals are often required to suppress such wishes. Certain other circumstances must be present to establish the exact relationship between the symptoms and the psychic trauma. Thus the suppression of incompatible desires fails and these now work in the unconscious sphere by sending distorted substitute images into consciousness. These images are associated with displeasure (with which the original idea was also combined) and appear as the symptoms of a puzzling disease. The psychanalytic treatment of the patient consists in bringing the suppressed matter back into consciousness which is possible only after breaking down the resistance of the subject. The individual is shown the concealed connection between the original experience and his symptoms and he is thus freed from the double nature of his mental life by the possibility of a way of discharge for his emotions. The patient's resistance to this bringing to light of forgotten experiences is expressed in his lack of leading ideas. This is overcome by directing the patient to tell the physician everything that passes through his mind without attempt at criticism. The physician

then, by special technic, interprets these apparently arbitrary ideas in terms of the original, forgotten experience.

Two additional fundamental parts of the psychanalytic technic are the significance of dreams and the analysis of the ordinary small, unobserved slips of everyday life. Freud's attitude toward dream-study, which he characterized as the *via regia* to the knowledge of hidden mental processes, stands in evident contrast to the minimizing attitude of most neurologists and psychologists. The dream appears as the representation of wish-fulfilment, the so-called manifest dream content (the confused recollection of the next morning) being separated by psychanalysis from the latent dream content. The latent dream content consists in the fulfilment of unknown wishes and its absurd form is due to the fact that there wishes are represented in consciousness only as the suppressed emotions of the psychoneurotic individual. That process which concerns itself with the origin and concealment of wish-fulfilment is called "dream-work." By this means are studied the chief psychic mechanisms which are at play between the two separated systems of mental life, i. e., between the conscious and the unconscious. Especially marked is the great rôle played in dreams by impressions of early childhood and it can be shown how long forgotten childish wishes still live in dreams. Another point of interest is the feature of symbolism which is especially true of sexual material. Psychanalysis has brought to light the hidden significance of this symbolism in mythology, fable, poetry and humor.

One objection to the Freudian theory of dreams which seems to carry weight is the existence of dream terrors. In this case the fear is explained as a protective reaction against an intense suppressed wish, the dreamer trying to defend himself against its intrusion. The significance of dreams is now used as a psychanalytic therapy of the neuroses. And not only the individual dream elements but also the small slips and failures of everyday life are the subjects of psychologic study. Such features as forgetting, slips in speaking, writing and reading, playing with objects, certain gestures and manipulations, are all made use of. By psychanalytic technic not only is the real significance and interrelationship brought to light but the unrecognized motives underlying these phenomena are also made evident.

What is the nature of these suppressed wishes to which the conscious ego stands in such marked contrast? Most of the patho-

genic wish impulses are sexual and selfish in nature and the etiology of the neurosis is largely sexual in nature. It is not because Freud and his school have any preference for sexual themes but merely because the observed facts point clearly and objectively in that direction. This point of view is far-reaching in its significance and it is important to bear in mind that it is only through the analysis of the sexual life of childhood that the significance of later dreams is made clear and it is only through the bringing to light of suppressed childhood wishes that a far-reaching therapy is made possible.

The expression "sexual life of childhood" may sound strange, yet it is clear from child studies that sensual impulses arise early in the young ones. The sexual impulse in this case does not subserve procreation and seeks its outlet in a manner foreign to the state of affairs in the adult inasmuch as certain parts of the body outside the genitals, such as the mouth, rectum, urethral aperture, and other mucous membranes are made use of as "erogenous areas." This autoerotic method of gratification is found in even the youngest children in the form of the masturbating manipulations of infants. Soon, however, those impulse-components of the libido which have to do with other persons or objects come into evidence. Thus masochismus (lust for pain), exhibitionism, and the peeping-tom instinct are early aroused. The child, however, is largely homosexual, whereas the adult is characterized by bisexuality. This rich double sexual life of the child, called "polymorpho-perverted" by psychanalysts, changes to the normal sexuality of the adult, first by the predominance of the sexual zone over all other erogenous areas, then by the subservience of the sexual impulse to the end of procreation, by the choice of an object of passion, and by the suppression of some of the early impulse components and the development of shame and disgust on their emergence.

In those individuals in whom the development of the sexual function has not taken place in a normal manner there results either a sexual perversion or a neurosis, and the psychanalyst regards these perversions either as arrests of development or as regressions to the sex life of childhood.

What changes does psychanalysis initiate by bringing to light these pathologic wish impulses? In the first place this therapy exposes one group of these suppressed wishes to obvious condemnation. In the second place some of the infantile wish impulses

are changed in such a way that the patient can substitute for the sexual some useful social end (sublimation). A third group of these sexual desires must be approved of since it cannot be the purpose of society totally to suppress them.

Thus the results of psychanalytic investigation have given us an insight into conscious and unconscious mental or spiritual phenomena which has no analogy in the previously familiar forms of psychology. And not only is this knowledge of value in the treatment of neuroses but it has the most far-reaching significance in many other branches of knowledge such as philology, philosophy and biology.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE SYPHILITIC ORIGIN OF APPENDICITIS.

By Professor GAUCHER.

(Read June 6, 1916, before the Paris Academy of Medicine, Annales Maladies Vénériennes, June 1916)

I AM sorry that I was prevented from being present at our last meeting where the etiology of appendicitis was discussed by my friends Jalaguier, Routier and Quénau. President Monod himself went into the arena and, in the name of an outraged surgery, let me feel the whole weight of his presidential authority. I was prevented from hearing them, but just read their arguments in the Bulletin. Their arguments do not affect my demonstrations in any way; they merely make assertions without proving anything and without making even an attempt to understand my theory.

Dr. Jalaguier says that I stand alone with my opinion; this is no argument, for I may stand alone with my opinion and be right nevertheless. But I have quoted Dr. Segond from among those that were of my opinion following the publication of my first work, in 1904; I also quoted the testimony of my lamented teacher, Professor Fournier. Confirming my observations his son describes 12 cases of appendicitis among hereditary syphilitics with a healthy appearance and without any dystrophy. We had often talked them over; he was of my opinion and he foresaw the antagonism that I would encounter. I think you are ready to admit that in regard to syphilis Fournier was as competent as you are.

I was greatly astonished to hear from my friend Jalaguier that "the great majority of sufferers from appendicitis could not be

suspected to be afflicted with syphilis." And yet, having great faith in Mr. Jalaguier's surgical skill, I had him to perform the operations in general cases of appendicitis, and *they were all syphilitic children*. In one case I let the operation be performed by Mr. Monod; the patient died in spite of the skill of the operator. It was the case of an old syphilitic.

When I read their arguments it seems to me that my opponents do not understand me. I never said, neither in 1904 nor now, that acute, suppurating, gangrenous, or perforating appendicitis was of a syphilitic nature. Since 1904 I even wrote in just the opposite sense; one ought not to misrepresent my opinion in order to turn it into ridicule. I said and I maintain that the sub-inflammatory lesion of the reticular tissue which precedes the acute crisis of appendicitis is very often of a syphilitic or a hereditary-syphilitic origin, and I add that in certain cases chronic appendicitis, if treated with mercury, may escape an acute crisis which makes an operation imperative.

My opponents make the objection that I have not found the syphilitic lesions of appendicitis. It is true that I have not found the gummatæ, but syphilis can produce inflammatory and proliferative lesions which represent nothing of a specifically anatomic nature. You know that apart from spirochetae there is no specifically pathologic anatomy of syphilis; there are always new embryonic formations or sclerotic lesions. Among hereditary syphilitics we find spirochetae in the reticular tissue of the coecal appendix, as was demonstrated some years ago by one of my disciples, Dr. Fouquet, in a work presented by Dr. Bouchard to the Academy of Sciences. Besides, have you found those specific lesions in any of the diseases which are connected with syphilis? Have you found them in aortitis, in aneurism of the aorta, or in lingual leucoplakia?

The same arguments which to-day are hurled against me in regard to syphilis, were used to oppose the syphilitic origin of all diseases which later on successively and justly were attributed to syphilis; tabes, general paralysis, aneurism of the aorta, sclerotic myocarditis, angina pectoris, lingual leucoplakia and its sequel, cancer of the tongue.

Lingual leucoplakia, e. g., or aortitis, or interstitial nephritis are not syphilitic on account of their pathologic anatomy but for the following reason: Statistical investigations have proven that those diseases were formed among syphilitic patients. Now, then why do you pretend to be still squeamish about appendicitis when

I present you observations which show that in almost every case of appendicitis there are formed *syphilitic or hereditary syphilitic antecedents?*

Let us not talk too much of the pathologic anatomy of appendicitis, in appendices which were operated for appendicitis I found very often neither histological nor any other lesions. One talks of appendicitis, one finds a black spot which one thinks is a hemorrhage and if one opens the appendix one finds that this black spot is nothing else than a fragment of fecal matter.

Apart from statistics, I have another means to demonstrate the syphilitic origin of appendicitis, namely, the *Wassermann reaction*, although a negative reaction is not sufficient for rejecting the syphilitic origin of a disease. During the years of 1909 and 1910 I had two of my disciples, Dr. Joltram and Dr. Brin, perform Wassermann tests on patients who already were or who had to be operated on for appendicitis. I have their reports before me and see that they found 14 positive Wassermann reactions among 33 sufferers (say 43 per cent) from appendicitis whose antecedents were not known to them.

Will you continue to ignore the relationship between syphilis and appendicitis—either acquired or hereditary syphilis? Hereditary syphilis may go back two generations. Dr. Quenn is astonished because he has not observed those facts. It is a fact, nevertheless, that syphilis may be traceable to the grandparents. Here is the last case which I observed: Of two children one was suffering from entero-colitis and the other from appendicitis; the father never was personally infected with syphilis. But his Wassermann and that of the two children, is positive. That of the mother negative. Syphilis goes back to the paternal grandfather in whom it was definitely known. In former publications I described many instances of a similar nature.

These cases astonish you because you are not acquainted with them; but I am better placed to see such cases than you are.

I find it quite natural that the great and skillful appendicitis surgeons are not favorably inclined towards a theory which apparently tends to eliminate operations in the treatment of appendicitis. But let those gentlemen be reassured: as the treatment with mercury does not cure cancer of the tongue though the latter be caused by syphilis, in the majority of cases, the treatment with mercury will not cure appendicitis if applied too late or in an unsatisfactory manner and therefore the surgeon will never lose his perogative.

There will always be cases of appendicitis which will have to be operated upon.

But before the surgeon is called to intervene, what injury can the treatment with mercury cause to a patient who either suffers from chronic appendicitis or from a case of appendicitis of which the surgeon himself says: "Let it cool off"? I cannot see what grave responsibility one draws upon oneself by a treatment which under no circumstances can do any harm if it does not do some good.

In spite of all that I have said I know that my theory will hardly be accepted by physicians for there are too many physicians and children of physicians who were operated for appendicitis, because medicine is one of the professions which furnishes the largest contingent of syphilitic patients. I know that better than anybody else as most of these syphilitic physicians consulted me.

I think it is useless to continue this discussion; we shall never reach an understanding for I talk about things which you know perhaps as well as I do, but which we do not regard from the same standpoint. It is still accepted that syphilis is a shameful disease which ought to be kept secret and of which the name even ought not to be written. It will be a long time, no doubt, before this prejudice will be eradicated.

I have stated what I have believed for 12 years as a result of observations which are based on facts and not influenced by that prejudice. I do not hope to convince those who do not wish to be convinced, and I leave to the future and to impartial observers the task of corroborating my opinions.

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

SEX MORALITY IN THE COUNTRY

BY A SUNDAY SCHOOL SUPERINTENDENT.

A study of the different types of sexual immorality found in the country and in the city would throw light on some great social problems and would be of great value to those who are working for social betterment. The following data are derived from fifteen years' experience with young people in both city and country. It is not claimed that the same conditions obtain throughout the whole country. This study is limited to cities and country villages of

New York State, not including factory towns where conditions are said to be more like those of the city.

Commercialized prostitution is hardly known in the country. A woman who attempts to follow prostitution is frowned upon by parents and is avoided by all but the lowest class of boys. Carriage driving gives the young man an excellent opportunity for numerous forms of familiarity with his girl friend. Mammam nudam in manu tenere is rendered extremely easy by the modern styles of garment, and is commonly one of the first forms of familiarity. Vestibus distensis mammae nudas conspicere is a source of delight to many a young man who is taking his girl for a drive. Exploratio et titillatio digitis inter crura et femora puellae frequenter adsunt. Ali quando puella sollicitata est penem et testes prehendere. These are some of the commoner forms of approach practiced by young people in the country.

A few experiences of the kinds mentioned soon convince most country girls, however careful has been their home training, that there is really nothing so very bad about the particular young man who has made these advances. She is frequently flattered that he has chosen her for these attentions rather than the daughter of some neighbor who might be expected to be the fortunate maiden. From titillatio vulvae to coitus verus is a short step which is usually accomplished in haylofts, vacant houses, or sequestered open places under cover of darkness. This coitus clandestinus almost invariably takes the form of coitus interruptus for coitus condomatus is unknown except where city influences are felt. Puella paene semper vestita est in contrast to the condition of her city cousin when she practices coitus clandestinus in some hotel.

That the country girls are not entirely lacking in modesty is shown by the experience of two young men who had taken two "new" girls in a double carriage for what the parents supposed was a very proper Sunday afternoon drive in the country. The boys drove out of sight of the village and into the woods just off the road. The girls permitted the boys mammae in manibus prehendere, crura et femora manu palpare, and even vulvam crinitam digitis titillare, but there they stopped, neither being willing to allow further familiarity. Thereupon each young man took his girl for a further "walk" in the woods out of sight of the other couple and there accomplished his purpose with little protest.

"It's a shame the way Mrs. Wilson allows Susie to run around nights. She told me herself that there were many nights when she did not know where her daughter was."

Thus spoke the President of the Ladies' Aid Society, Mrs. W. who had a sixteen year old daughter of her own. The other members agreed heartily that something should be done to avert the scandal and disgrace which always follow such behavior. Not one of these good women would allow her daughter to go out in the evening unless she knew exactly where the girl was. Every member was sure *her* daughter would never be in a compromising situation. Let us see what actually happened.

To begin with, the members were right in their suspicion that Susie Wilson permitted liberties with her person which were not proper. Coitus clandestinus was no new experience for Susie and it was well known among the boys that Susie preferred the company of a young man named Jack because, as she declared, he knew how to give a girl a good time. Some of the other boys were tolerable, but Jack was best, and Jack was the son of one of the Aid Society members.

A girl whom I will call Cora was a daughter of another member. She was a lively little creature of about fifteen. The mother did not know that Cora regularly retired without drawing the shades and that *tres pueri frequenter in arbore sub fenestra erant*. But Cora knew. Within a few months she began practicing coitus clandestinus with one of these young men and kept it up regularly till they were married some four years later.

Another girl whom I will call May belonged to one of the sheltered homes of the community. Although nearly seventeen, she was not permitted to go out nights unchaperoned. The father was a postman and the mother conducted a little business which kept her away from home during the middle of the day. She would come home by four o'clock in ample time to give her daughter the protection she needed. But May's *vita sexualis* told her that darkness is not absolutely necessary for coitus. A telegraph operator in a signal station about three miles away used to ride to her home on his wheel about noon every day. For more than three months they practiced coitus clandestinus in the girl's home. Here they enjoyed a privilege seldom accorded young people in the country—*puella et adulescens ex toto nudati erant*. Knowing nothing of these matters, the parents were much pleased when the operator came to call on May. The young man was given the entree of their home and much deference was shown him. On more than one occasion

while the old folks were on the porch, filia, vestibus sublatis, in gremio adulescentis sedebat penem in vagina tenens, all the while playing softly on the piano to divert suspicion.

The care with which the President of the Ladies' Aid Society watched her daughter's every move was well known among the young people of the village. She and a cousin of about the same age were not permitted to go out with young men except under the most strict supervision. Two young men who sometimes showed these girls some attention were dared by the other boys to have intercourse with them. Finally, the boys accepted the challenge, choosing Sunday evening for their attempt. After church service the boys took the girls for a stroll which brought them back to the church soon after the worshippers had left for home. The first night time would permit only titillatio crurum et femorum. Holding the girls on their laps the boys manas sub vestibus puellarum et inter femora inferebant. Much to their surprise there was no resistance. On the following Sunday evening this stage was reached much more readily and after a few minutes puellae ita excitatae erant ut adulescentibus sine repugnantia coitum interruptum permiserunt. At the very time these things were occurring, the President and her husband were sitting behind drawn shades in their home not twenty feet distant from the church.

All of which reminds us of what one of our humorists has said: "It is better not to know so many things than to know so many things that ain't so."

SYPHILIS IN THE SIXTEENTH CENTURY.

The father of Catherine de Medici (the wife of Henry II., and Queen Mother during the reigns of Francis II, Charles IX, and Henry III) is stated to have died of syphilis a few days after his daughter's birth. Catherine was an only child; her mother died at her birth. Her portraits which are numerous, show no evidence of inherited taint. At that time syphilis was a new disease in Europe, and, as it had not been in any way associated with sexual habits, no disgrace was supposed to be attached to it. Historians felt no delicacy in recording the fact that any one of whom they wrote, had suffered from it. Many deaths of ecclesiastics as well as civilians were attributed to it. (Roscoe, *Life of Lorenzo de Medici*, vol. II.).

EDITORIAL

UNCONSIDERED EVILS OF THE MASTURBATION BOGIE

It is now agreed by all sexologists that the evils of masturbation are, in most cases, nil or very trifling, the real damage being done by the *fear* of the injuriousness of the habit.

This is not the point that I intend to discuss in this editorial, for I have discussed it a number of times, in various articles and books. But I wish to call attention to a new, hitherto unconsidered, phase of the subject. I wish to call attention to the fact that many boys not infrequently conceal from their parents certain diseases which have absolutely nothing to do with masturbation, but which they are afraid are due to their occasional indulgence in the "solitary vice."

The evils of masturbation are pictured in such frightful colors and are claimed to be so multitudinous, that whenever a poor boy who indulges, however rarely in the habit, gets some trouble, he is apt to think that he brought it on himself by his sinfulness, and shame and fear often keep him from disclosing his ailment to his parents.

Here are two cases which will elucidate the point I wish to make. The parents of a boy of twelve—an only son—noticed that he was ill. He looked badly and was getting thin. But to all inquiries he replied that he was feeling well, that there was nothing the matter with him. Finally the parents noticed that he was going to the toilet frequently, and that each time he came out looking ghastly. But he denied that there was anything wrong with him. This kept up for some time, and at last the parents decided to take him to a physician. The physician when left alone with the boy asked him in a kindly manner if he masturbated. The boy, after slight hesitation, answered in the affirmative, "once in a while, not often," but said frankly that he had not done it once in three months. And his trouble was only about four weeks old. The physician asked the boy to urinate—and everything cleared up at once. The boy seemed to have agonizing pain while urinating, and the urine when examined was found highly concentrated, full of gravel and calcium oxalate crystals. When asked by the doctor why he didn't tell his parents at once, he answered that he was afraid,

that he thought his painful and frequent urination was due to his occasional indulgence in the bad habit. On further examination an acute nephritis was found, and it took quite some time to bring the boy to a normal condition.

Another case, reported to me by a friend in Washington, is that of a boy who developed a scrotal hernia, which he did not dare mention to his folks until it required surgical intervention. And he did not dare mention it because he thought it was the result of his bad habit. He had read one of those vicious and pernicious books in which every possible ailment and accident was claimed to be a possible result of masturbation.

We wonder how many thousands of boys and girls conceal their ailments, suffering in silence and thus permitting the disease to progress and gain headway, because they are afraid that their troubles are due to sins? Who can calculate the damage which the vicious quack books of the Sylvanus Stall type are responsible for?

THE JOURNAL OF SEXOLOGY TO ITS SUBSCRIBERS AND READERS.

Will the subscribers whose subscriptions have expired or are about to expire in a month or two kindly remit without waiting for a bill? We would consider it a GENUINE favor.

We do not wish to URGE anybody to continue his subscription, but we do know that during the coming year THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY (which we will in the future call for short JOURNAL OF SEXOLOGY, though the full name will be retained on the title page) will contain a series of remarkable articles, which will make the journal worth many times its subscription price. The European sexologic journals having suspended publication (let us hope temporarily only) the JOURNAL OF SEXOLOGY is now the only journal not only in the English but in any language devoted to the vitally important domain of sexology. Human happiness depends upon the proper solution of the sex problems which confront the human race, and the JOURNAL OF SEXOLOGY hopes to be able to contribute substantially towards a solution of those problems.

We do not want the stupid nor the flippant on our list. But those who believe that we are doing important, necessary work, those who are interested in the baffling problems of human sexuality, those physicians who want a practical knowledge of dealing with sexual disorders, (impotence, premature ejaculations, frigidity, etc.) and venereal disease, finally all those men and women who are earnestly concerned in the problems of sex ethics, are requested to give us their support by subscribing, by renewing their subscriptions, and by inducing congenial souls to subscribe.

If you do not wish to have your subscription continued, kindly drop us a line to that effect, and your name will at once be taken off our list. If you wish your subscription continued, please say so, and if convenient send us an early remittance.

MISCELLANY

MATERNAL IMPRESSIONS.

Dr. A. G. Pohlman, *Mo. State Medical Ass.*, August, 1916 does not believe in the doctrine of maternal influence which holds that the expectant mother may influence the development of her unborn child. He calls the doctrine a superstition which is used as a blanket to cover our inability to explain the facts on any other basis. The writer maintains that maternal impression must be analyzed from a biologic viewpoint. Many instances, he says, which led to a belief in maternal influences, are mere coincidences.

He narrates an experience of his own. He had six very close friends, four of them were born on January 6, one on January 7, and one on January 8. He doubts that he has a subconscious predilection for people born on January 6, or that people born on or about January 6 are under some mysterious influence which impels them to be friendly toward him. He calls it coincidence.

The writer quotes some other cases:

1. "Dr. Napheys tells of a woman, the wife of a baker, who during the earlier months of her pregnancy sold bread over the counter. Nearly every day a child with a double thumb came in for a penny roll, presenting the money between the thumb and the forefinger. After the third month the mother left the bakery, but the malformation was so impressed on her mind that she was not surprised to see it reproduced in her own child."

The writer thinks if Dr. Napheys had been a little skeptical he would have anticipated an equal sensitiveness of other women in that locality to respond. He says: "This type I label bona fide maternal impression—conscious type, and on the basis of January 6." I choose to call it a coincidence; the more so because Dr. Napheys lost the chance of his life to check on the first mother and to report the excesses of double thumbness in this village."

2. "We have heard of a mother who gave birth to a child that had but one hand. The other arm was handless as if amputated between the elbow and the wrist. The only way she could explain for the deficiency was the fact that her husband's brother, who had his hand amputated, lived in the same family during the earlier months of her pregnancy. While she received no special shock, being familiar with his condition, yet maternal impression,

continued through a long period, had its disastrous effect." This case is reported by "Dr." Stall, a minister who admits that he never saw the case.

The writer says: "If you cannot find a suitable causal factor by which you may explain the defect in a child it means that the second type of maternal influence was at work—the alleged bona fide maternal impression of the subconscious type. When you couple this report with the failure in defect of the children of war veterans you may draw your own conclusions as to how seriously the evidence may be taken."

An Ohio physician reports the following case: A boy had fallen from the banister of a porch to the ground below where his head came into contact with stones inflicting a large gaping wound of the scalp. After seven months the boy's mother gave birth to a child with spinal defect that soon extended to the head causing hydrocephalus and death of the child. The writer means that under the circumstances the "error" on the part of the child was quite excusable and quotes the words which Dr. Blondel said nearly 200 years ago: "the child is not yet acquainted with the outward objects that disturb the mother." The writer calls this type a missed maternal impression because the child did not register the impression received by the mother. Death from hydrocephalus in a child born with spinal defect is of course not unusual.

4. In his article on maternal impression Dr. Ballantyne reports the following case: "On July 2, 1884, she gave birth to a full-term male child on whose chest there was a peculiar mark similar in size to the apple which was thrown at the patient, but rather paler in color. She then remembered the circumstance (being hit by an apple on the previous October) and connected the impression and the mark as cause and effect."

Dr. Ballantyne does not believe it to be a strong case and the writer agrees with him. The writer places this case along with the majority of reported cases in the so-called postpartum maternal impression cases where a mother on beholding a marked child "remembers" [i. e., invents] the circumstances which must be held accountable.

5. Wüstnei cites the case of a woman who was wont to taking her nap with her forehead against a tall porcelain stove. She later gave birth to twins and a long mark was found down the forehead of each. The writer thinks that a mark down the forehead of each child would lead a skeptic to examine the birth canal of the mother for a bony prominence in the pelvis.

The writer cites the Siamese twins, who were males and begot

normal babies; and further the Balzec twins who were united females and gave birth to a normal baby. Although here was an opportunity for an infant to be thoroughly impressed, both with heredity and the other kind, in neither instance did it rise to the occasion.

The writer calls attention to the Messina disaster and the fact that the report of confinements of women who were pregnant at that time showed but one abnormality.

Further, the writer states that in 11,000 confinements Bischoff could not demonstrate a single case of maternal impression and William Hunter says that during many years every woman in a large London lying-in-hospital was asked before her confinement whether anything had especially affected her mind, and the answer was written down. It so happened that in *no instance* could a coincidence be traced between the woman's answer and any abnormal structure; but when she knew the structure she frequently suggested some new cause.

Dr. Pohlman says that if a mother purposely sets out to mark a child with the usual defects like hare-lips, cleft palate, cat's eyes, clubfoot and the like, she must have her maximum influence on hand well before the end of the second month of gestation or it will be too late. As the majority of women do not definitely know they are pregnant until this time has elapsed we see that time alone will rule out a large majority of all cases of maternal influence resulting in alleged physical defects.

The author discussed this topic with a class of students in Indiana; one young man told the following story: He had a small pit just in front of his ears and his mother accounted for it from the fact that the hired man on the farm had a singular defect and that she had worried about it. Lo, and behold! when he was born he had the defect. There was no history in his family of a singular defect and his brother and sister born after him were normal because the hired man had been discharged. The student smiled when Dr. Pohlman told him there was a possibility of this defect arising spontaneously. The student replied, "Do you believe that will convince my mother?" Two years later the young man reported that his sister had a baby out in California; they found this baby also had a little pit in front of each ear and the old lady sent word that she believed Dr. Pohlman was correct when he said that it was a little spastic developmental defect which might come up any time.

make a case. The strongest argument it can bring, he says, are its antiquity, its ubiquity and its iniquity.

The antiquity harks back to Jacob and consists in misinterpretations of the Old Testament. The ubiquity is easily explained in that it would be strange if similar superstitions did not arise even in remote peoples on the birth of a child—particularly an abnormal one. The iniquity consists in the attempt to make a mother responsible for a mentally, morally or physically misshapen child, or a mathematico-musico-poetic prodigy by reason of some influence she has exerted during her pregnancy and without giving the mother opportunity of defending herself.

The writer says, man has a tough ancestry and the offspring wraps itself safe from harm and copies the family history. Dr. Pohlman thinks it is idle to suppose that any accidental factor enters into its development. He says: "There is no animal that suffers the bodily inconvenience in pregnancy that is the lot of the human female and this is due to irreparable lack of adaptation to the upright posture. The mind merely accentuates the inconveniences of its body." The writer believes in the dual nature of man which he calls "twins." He continues: "The twins are hard enough to keep at peace as it is and to couple to this a doctrine which will make a woman all the more unwilling psychically to fulfill Nature's second law is nothing short of criminal. The divorcing of mind and body is bad enough as it is without adding to it this additional burden."

"The birth of a child is attended with much mystery and the physician realizes this full well. When the doctor is asked, is the child to be a boy or a girl, he either finds out what the parents want and tells them the other or says one thing and writes another in his case record. The human being is not without his superstitions and Barnum who capitalized credulity, ought to be credited with some word of authority, when he said: "The public likes to be humbugged."

It may be perfectly fair to humbug some one else but it is manifestly unfair to humbug one's self and particularly one's mind with anything like a false doctrine which brings nothing but distress" "We are all of us sure of things which are by no means facts because we do not take the trouble to analyze them."

. . . . "The mystery does not consist in trying to find out why a few children are born with defects; the real mystery lies in the ability of a single fertilized egg to go ahead with nothing but the family history as a guide and come out of it all with anything like the perfection it does."

THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

WILLIAM J. ROBINSON, M.D., EDITOR.

VOL. XII.

DECEMBER, 1916.

No. 12.

FOR THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE PSYCHONEUROSES AND THE UNCONSCIOUS.

BY SAMUEL A. TANNENBAUM, M.D., New York.

VI.

For the proper understanding of the sexual life of any particular individual and of the symptoms of psychoneurotics it is necessary to keep before one's mind *the destinies of the sexual impulses* as they have been determined by Freud. In general it may be said that these destinies are determined by, or are the results of, the individual's attempt to defend himself against his sexual impulses. Briefly stated the libido may be (1) converted into its opposite (love changed to hate), (2) directed inward against the individual himself (sadism changed to masochism, voyeurism to exhibitionism), (3) repressed, (4) sublimated and (5) replaced by fear.

The Functional Neuroses.—The functional neuroses include all those conditions that are generally described as forms of "nervousness." Neurologists have attempted many classifications but none has met with general acceptance. Freud divides all the neuroses into two great groups: the Actual Neuroses and the Transference Psychoneuroses. The *Actual Neuroses* are subdivided into *True Neurasthenia* and *Apprehension Neurosis*. The *Transference Psychoneuroses* (so named because, unlike the Narcistic Psycho-neuroses, they are curable by the mechanism of transference) are subdivided into *Apprehension Hysteria*, *Conversion Hysteria*, *Phobias*, and *Obsession Neuroses*. The various forms of psycho-sexual impotence, fetishism, perversions, and some forms of homosexuality, are manifestations of transference psychoneurosis and are curable by psychoanalysis. The *Actual Neuroses* do not concern us

now, so we shall leave them. The symptoms of the psychoneuroses need not now be enumerated.

Causes of the Psychoneuroses.—Freud's experiences with neurotics, during many years, long ago led him to the conclusion that there can be no psychoneurosis without an antecedent disturbance in the individual's sexual life. This disturbance always means a prolonged non-gratification of the libido of the individual in question. The reasons for the non-gratification of the specific libido are numerous. An unconscious invert or pervert or fetishist cannot gratify his sexual desire by indulging in normal heterosexual coitus. Moral, religious and social considerations make it impossible for unmarried females beyond the age of puberty to gratify their sexual longings or even to admit their existence. Unmarried men often repress, or try to repress, their sexual appetites because of fear of gonorrhea and syphilis, disgust for prostitutes, fear of damnation and social condemnation. Conscience makes cowards of them all. They lack the courage to do what their natures demand. Marriage under present social conditions is no guarantee of sexual gratification. Owing to various considerations, chiefly pecuniary, birth control becomes the guiding principle in almost all civilized families. Only human brutes do not practice birth control. But birth control means, usually, some form of preventive coitus which fails to satisfy the libido, causes sexual toxemia, leads to attempts at repression of the sex impulse and begets desires for adultery which must also be repressed. Besides, self-seeking politicians, alias statesmen, pseudo-scientific economists, hypocritical churchmen and the hireling editors of plutocratic newspapers, unite in condemning and belying the practice of preventive coitus. The result of all this is *psychic conflict*, a conflict between the sexual and the ego impulses of the individual. As a result of this conflict the libido is withdrawn from the outer world, is turned inward (*Introversion*), and dammed back into the channels it followed before puberty. In other words, the old desires are re-awakened (by the mechanism of *regression*). But these perverse desires too must be repressed. If these desires are too imperious to stay repressed the result is neurosis. The libido is converted into symptoms which are the substitutes for—and equivalents of—the unconscious perverse cravings. That is why Freud says, with irrefutable logic, that *the neuroses are the negative of the perversions*; and inasmuch as the symptoms are substitutes for infantile forms

of sexual activities we are justified in saying that the neurotic is one who has fled from his conflicts and taken refuge in a state of *psychic infantilism*.

Indulgence in normal coitus is not the preventive of hysteria that almost all physicians and laymen believe it to be. Unless heterosexual intercourse is accompanied by that overvaluation of the sexual partner called "love" and by a complete abandonment of all restraint, it will not gratify the libido. One of my patients, a very devoted husband, was disgusted even with the thought of coitus with his wife because she had a lacerated perineum and leucorrhea. It need hardly be said that indulgence in inverted or perverted sexual practices does not confer immunity from the development of a psychoneurosis.

It cannot, however, be sufficiently emphasized that a neurosis may be caused not only by a conflict between the sexual and the ego impulses but also by a conflict between two groups of ego impulses. In the case of agoraphobia previously referred to, the conflict was between the desire to steal his employer's money and the desire to be true to his ego ideal. Hatred of a business rival may beget a desire to murder him and thus lead to such serious psychic conflicts as to bring on a neurosis. But careful investigation will show that in all these cases the individual was predisposed to a neurosis because of some abnormality or inadequacy in his sexual life. In the treatment of these cases it is not always necessary or advisable to dig out the sexual difficulty.

And what about the banal (i. e. non-sexual) causes, e. g. indulgence in tea, coffee, tobacco, alcohol, overwork, worry, etc., of the psychoneuroses that are discussed at such length in our textbooks? It may be said with absolute certainty that as causes these may be ranked with the evil eye as a cause for infantile convulsions. All that may be properly claimed for them is that some of them, e. g. worry, bereavement, etc., precipitate a neurosis which might otherwise have been deferred. Given the proper soil any psychic conflict will precipitate a neurosis. True *heredity* plays almost no part in the neuroses. *False heredity*, which means the effect of being brought up in a very neurotic family, is, on the contrary, a very important factor for the subsequent development of a psychoneurosis or even for the occurrence of infantile hysteria.

What, it may be asked, constitutes a *predisposition* for psychoneurosis? Experience teaches that the neuroses occur in those persons who in childhood manifested precocious sexuality, intense

preoccupation with sexual fantasies and excessive indulgence in auto-erotism, all of which were subsequently repressed. The firmer the hold that the Oedipus complex has upon an individual and the more firmly rooted he is in the polymorph-perverse sexuality of childhood, the more likely is he to develop a psychoneurosis. In the future the bringing-up and education of children will be based on this principle.

VII.

Psychoneurosis Motives.—From what we know of the development of a psychoneurosis it is evident that the individual has brought the malady on himself by his attempted repression of certain desires that he considered incompatible with his peace of mind. It is not unreasonable therefore to inquire into the psycho-neurotic's motives, the more so as we know that very often the neurosis persists after the cause for it is gone, that new symptoms are developed from time to time, and that there are remissions in the symptoms. The clinical study of these neuroses has, in fact, shown that after the disease has developed the symptoms are utilised for other purposes than those for which they were created. In other words, as the disease progresses the symptoms acquire additional meanings, are "overdetermined," so that one symptom may be the expression of several complexes. Such a symptom will not wholly disappear unless all of its meanings are laid bare to the patient. That is why it is necessary to approach the analysis of a certain symptom from several directions, that is, to consider it as the expression of various motives. It is customary to speak of these as primary and secondary motives or benefits. We shall consider them under the following heads:

1. **Avoidance of Pain.**—This is the primary motive. The individual feels himself in the throes of certain powerful desires the enactment of which he knows will do violence to his conscience and bring upon him the wrath of the community. To avoid these painful consequences he represses his wicked or criminal impulses. A patient of mine who, as his dreams show, harbors a strong incestuous love for his sister, is conscious only of a very strong and utterly unreasonable hatred for her. In his fantasies he is always quarrelling with and upbraiding her. His hatred makes it impossible for him to commit the coveted incest. (His defence takes the shape of converting his love into its opposite.) The neurotic manifestation terminates a painful ethical conflict.

2. **Wish Fulfillment.**—When an impulse or desire is insufficiently repressed it sooner or later manifests itself in some indirect or symbolic manner which we designate a dream or a symptom. It follows then that the symptom is the indirect or symbolic fulfillment of the repressed wish. Of course the wish is not actually realized, but inasmuch as, to the unconscious, thoughts are realities the ego is as content as if he really had his wish and derives pleasure from the imagined gratification. A little boy complains of pain in the leg every Monday morning for several weeks. I inform him that he probably has the pain only because he doesn't like to go to school after the Saturday and Sunday holiday—and the pain disappears. Miss L., aged 19, suffering from 'hystero-epilepsy,' complains for months of very distressing attacks of a peculiar twisting sensation in her entire body. This symptom disappeared as soon as she realised that it was a masked wish-fulfillment, as could be proved by her associations with the synonyms of the word "twist." A man engaged in a somewhat "shady" business complains of severe "nervous headaches." His business "gives him a headache" literally as well as metaphorically. He wishes it were a real headache rather than a figurative one. Oscar Pfister gives several very interesting cases of symptoms built up on the formula, "I wish it were only."

3. **Sexual Gratification.** The impulses or urgings most frequently repressed are the sexual ones. Neurotics are those individuals in whom the repressed desires cannot long stay repressed and who gratify these desires in the indirect way known as neurosis. The energy behind their symptoms is the repressed sexual energy. The symptoms, then, are the substitutes for their sexual desires. From these considerations and from his actual findings Freud has postulated these three formulas: (1) in all psychoneurotics there are present unconscious manifestations of inversion; (2) in all neurotics there are evidences of the unconscious tendency to certain perversions, especially those pertaining to the mouth and anus; (3) in all neurotics the partial impulses play an especially prominent rôle as symptom formers. It is certain that these partial impulses always travel in pairs; that is, if a patient is masochistic he will also show traces of sadism, and vice versa.

Miss L., previously mentioned, used to go through very peculiar distortions when she got an attack of so-called "epilepsy." Seeing her in one of these attacks convinced me that the twisting rotary movements of her neck, back and upper extremities were the

somatic rendering of her idea of the sexual act. With the analysis this symptom gradually disappeared. Miss K. is so intensely masochistic that she actually whips her bare legs with a switch; yet she revels in reading tales of the sufferings of women under the rule of men. Her sadism is due to the fact that she unconsciously identifies herself with the women of whose sufferings she reads. Miss S., suffering from agoraphobia, is so obstinately constipated that only an enema can bring on an evacuation. With eyes sparkling and facial muscles grinning she says that no earthly pleasure can compare with that of getting a warm water enema. Mr. X., whose chief complaint is sexual anesthesia, in spite of perfect potency, is troubled with intense gagging whenever he puts a cigar between his lips, sees a sword-swallowing act, or hears someone have a coughing fit. He has for years indulged in cunnilingus and passive fellatorism and he has a strong unconscious desire for fellatio which he represses and which manifests itself in the gagging.

Freud (or Pfister?) mentions a case in which a young woman complained of a sense of pressure in the chest. Analysis showed that this symptom came on after she had been kissed passionately by a young man whose phallus she felt pressing against her thigh at the time. Her symptom represents a typical neurotic "mechanism"—the *displacement* of a sensation from below upward (sometimes it's also from before backward) in the interests of disguise and self-deception. The wish for the contact continues unabated in her unconsciousness. This case excellently illustrates what Freud means when he says that "*the neurotic suffers from reminiscences.*" Such symptoms are monuments to past psychic shocks.

My patient with hystero-epilepsy, Miss L., often complained of an obscuration of her field of vision by seeing spread out before her a beautiful wheat field behind which she beheld dimly a peacock with his tail spread wide. Under the process of free associations she recalls a summer outing in the country in the company of a number of boys and girls at which the girls were surprised in an embarrassing situation and to which the boys subsequently made unpleasant allusions. The peacock was an ingenious symbol for the erect phallus that she had seen unexpectedly on several occasions. This case is of especial interest because the patient was suffering also from idiopathic (!) optic neuritis of both eyes. This goes a great way towards confirming Freud's statement that a *somatic predisposition* is often the decisive factor in determining

the nature and location of psychoneurotic symptoms. A hysterical cough will engraft itself upon a bronchitis; hysterical deafness upon a chronic otitis media, etc. (Miss L. was subsequently operated on at Mt. Sinai Hospital; both sides of the cranium were trephined in search of a cerebral tumor but none was found. The operation was undertaken long after the hysterical symptoms had disappeared).

To avoid misunderstanding and to insure justice to Freud and to the victims of psychoneuroses, we caution the reader to always bear in mind that these "wishes"—sexual, erotic and criminal—are always unconscious, and that the "wish" is not in the symptom but in the thought behind the symptom, that the symptom is only the disguised, metaphorical, symbolical expression of the wish. The psychoneurotic is not consciously, knowingly perverse; nor is he a malingerer; he is always more sinned against than sinning, and needs the divine more than the physician, sympathy and understanding more than sermons and reproaches.

4. **Consolation or Solace.**—Many psychoneurotic symptoms are begotten as a sort of solace or consolation for painful realities. They are really wish-fulfillments, but not primary ones. Pfister reports an extremely interesting case of an old man who was dependent for his support upon a son whom he fondly designated his "right arm." This son caused him a great deal of distress and the poor man undoubtedly wished it might be his right arm rather than his son that distressed him. And lo! he developed "muscular rheumatism" in the right arm. A patient of mine, a woman aged 30, married six years, sterile, suddenly begins to vomit every morning and soon thereafter her menses become scanty. It takes several months to convince her that the wish is father to the thought and to her symptoms.

By this time the reader must have noticed that in a large number of our illustrations the symptoms are the physical equivalents of certain ideas, the somatic rendering of repressed ideas. We call this phenomena "*conversion*" and the neurosis in which it occurs "*conversion hysteria*." The energy which properly belongs to the repressed idea is transformed into a symptom of a sensory, muscular, secretory or vasomotor nature. Such transformations are not unlike phenomena that are observed in the perfectly healthy human being. Sudden fear may send a chill down one's back. Touching certain objects gives some persons a

creepy feeling. We speak of being paralyzed with fear. Our "mouth waters" when we see something we long for. Kindred phenomena, known to all psychologists, are the strong pulse, deep breathing, muscular tonicity, etc., when one is pleased and the weak pulse, shallow respiration, muscular atonicity, etc. when one is displeased. An unpleasant experience makes us literally "shrink in ourselves;" grief bows us down and crushes us; happiness makes us stronger, larger and bigger, lifts us from the ground.

What happens in these conversions is that a painful idea is repressed and deprived of its energy so that the idea can no longer force an entry into consciousness. The freed energy then associates itself with some bodily organ that, as a result of some organic malady, is in a receptive state. Such organs are always erogenous (hysterogenous) zones. 'Hysterical stigmata' play no part in the Freudian psychology.

5. **Flight from Reality.**—The psychoneurotic individual is always one who finds the conflict between his impulses (desires) and the demands of his environment too much for him. His problems are too difficult for him to solve. He is too conscious of his obligations to his family, to society, to law, etc., to betray them in the interests of his egoistic cravings; but his desires are too strong to be brushed aside. He cuts the Gordian knot by becoming neurotic, thus satisfying both contending forces and neither. Miss M., aged 26, in love with a man of whom her parents do not approve, marries a man she does not love rather than continue single and be exposed to the danger of a liaison with her lover. She develops a psychoneurosis and is totally frigid. She is paying dearly for her morality. A man beset with all sorts of difficulties in making a living for his family wishes he could be rid of them and never see his wife again;—he is suddenly stricken with hysterical blindness. This sort of automatic and highly fantastic dismissal of one's troubles is not at all uncommon in psychoneurotics. In a case reported by Pfister a young lady developed attacks of migraine rather than worry about life's trials and hardships.

6. **Punitive.**—Not infrequently neurotic symptoms serve also the purpose of punishing those about the invalid who are regarded as being responsible for the neurotic's unhappiness. In this way the neurotic is also punishing himself for not having acted in accordance with his own desires. Mrs. M. is punishing herself with frigidity for not having married her lover, and is

punishing her husband and her family (who induced her to marry) by being neurotic. An unhappily married woman discovers that she has for a long time indulged in nocturnal masturbation. To punish herself for her sins she becomes paralyzed in the right arm. This is very much like what happened to the rabbi reported by Dr. Stekel in his fascinating book, *Nervöse Angstzustände*.

7. Ethical.—From what has preceded it is evident that an ethical conflict lies at the basis of most cases of psycho-neurosis. But there are cases in which the neurosis is developed not for the purpose of secretly, indirectly, satisfying one's criminal or immoral wishes, but as a protection against them. The woman with the paralyzed arm cannot masturbate as long as she is paralyzed.

An extremely interesting and instructive illustration of this motive is offered by the case of Mr. B. Ever since his only child was born, sixteen years ago, he has practiced coitus interruptus. During the past few years this has become repugnant and harmful to him. He suffered from a constant sense of fatigue, pains in the back and mental dullness. There was hardly a day in the week that he was not three-quarters drunk. Cost what it might he was resolved to remain faithful to his wife. The allurements and blandishments of "lady buyers" did not tempt him from the path of virtue. At night he played solitaire so as not to meet the women in the hotel lobbies. Suddenly he develops an almost maniacal jealousy of his wife, accuses her of infidelity with various men, cuts off his social relations with some of his neighbors, broods on suicide and threatens to kill his wife. Analysis shows that his voluntary abstinence from normal coitus has become unbearable; he dreams of sexual relations with other women; he looks at women wearing short skirts and white shoes with disgust. To make it impossible for him to yield to his adulterous desire he accuses his wife of the offence he would commit. This is an excellent instance of the mechanism of *projection*. It may be of interest to note that he was cured of his alcoholism as well as his jealousy after eight weeks of interrupted psychoanalysis.

An ethical purpose is served by the numerous instances of young men becoming impotent in the presence of a prostitute. The fear of venereal disease and of discovery also plays a part, of course.

8. To Enforce Love.—Not at all infrequently young women and children develop a neurosis for no other purpose than to enforce love and attentions from their immediate relatives. This is especially true of mediocre women married to men of some distinction who are popular in society and fond of women. A woman who enforces her husband's attention in this clandestine way is a very expensive luxury--and a nuisance. She cannot be cured. Of such a woman it may be said she is never happy except when she is sick.

9. Religious.—It is obvious that if a neurosis may, primarily or secondarily, serve an ethical or moral purpose, it may also serve a religious purpose. In fact Dr. Stekel says, and most likely correctly, that religious or superstitious fear of God plays an important role in all the psychoneuroses. (See his brilliant essay, "The Masked Piety of the Neurotic.") My patient, Mr. M. G., aged 22, born and brought up in New York, the son of fanatically orthodox Jews, is in love with a gentile girl. But every time he goes to visit her he is seized with an attack of panicky fear (and thoughts of pollutions) which makes him speechless, sullen and morose. The object of these apprehensive attacks is, as he says, to keep him from "going too far" in his relations with a gentile girl. He is firmly convinced that if he married this girl his mother's spirit would haunt him nightly and choke him in his sleep. He also fears marriage because it implies sexual relations and the loss of semen (vital substance.)

Apprehension Hysteria, such as this, differs from *Conversion Hysteria* in that the affect of the repressed idea (love for a gentile girl) is converted into apprehension (fear) instead of into a somatic symptom. In his attempt to defend himself against this attack of fear the victim casts about for an explanation (e. g. the implied loss of semen). When he has found an idea to which to link his fear we say that he has "rationalised" the apprehension. As we have seen, this false association between the apprehension and the substitute idea does not save the patient from uncontrollable attacks of fear; it does no more than to secure him from the re-entry of the repressed idea into consciousness. Every augmentation of the libido and every perception of the feared substitute idea, from whatever cause, precipitate an attack of apprehension.

10. Self-Assertion.—"The will for power" is strong in all of us. It is a manifestation of that aggressiveness, that upward tendency, that characterizes every normal human being. In neu-

rotics it often manifests itself in peculiar ways in the shape of neurotic symptoms. One of my patients, suffering from sexual anesthesia, indulges in fantasies of his superiority to other men because he can never become so passionate as to love a woman, to fall a victim to any woman's cunning. Being anesthetic to normal coitus he humiliates his mistress—and through her the female sex—to gratify him by perverse practices. Another one of my patients had almost brought himself to the point of committing arson and murder with the object of getting enough money together to enable him to embark in a large business venture and prove to the world his great genius for business. Another one who in his infancy had been impressed with his weakness, littleness and inferiority (and who is now impotent) took up the study of law—so as to rise to the greatness of Clay, Webster and Calhoun.

11. **Identification.**—Many of the neurotic's symptoms are the result of unconscious imitation, unconscious identification of oneself with someone whom the neurotic admires, loves, sympathises with, etc. Mr. X., previously mentioned, suffered from a very obstinate and exhausting cough for months after the death of a younger sister who died from pulmonary tuberculosis. He reproached himself for having been guilty of sexual transgressions with her and for not having paid her any attention or shown her any sympathy during her last illness. This patient also identifies himself with his mother, who suffers from chronic endocarditis; he sighs, pants for breath, fears sudden death, etc., although he is perfectly well. Ferenczi, the distinguished and brilliant Hungarian psychologist, is probably right in his assertion that neurotics are always on the alert for persons or objects with whom they may identify themselves.

12. **Unconscious Imperative.**—Very many of the symptoms of conversion and obsession hysteria are, I am convinced, the manifestations of the individual's compliance with a parental or biblical command stored up in the unconscious mind. One of my patients attributed his impotence in the presence of a *puella publica* to the injunction against "adultery" that had been impressed upon his childish mind in his Sunday-school days. Another man was impotent under similar circumstances because of his mother's warning threats of venereal infection. In some of these patients the parental admonition acts as a curse. Mr. M., a case of mixed neurosis, is seized with panicky doubts whenever he attempts to do anything

of any importance because in his infancy his mother never ceased to bewail his delicate constitution and to bemoan his certain failure in life.

13. **Criticism of Others.**—For want of a better term I attribute some neurotic symptoms to the patient's "criticism of others." The aforesaid Mr. M. did a number of things in a reversed order. He would, for example, read the end of a book last and work his way forward. He could not break himself of the habit until I pointed out to him, from data he had supplied, that this was a criticism of his parents. His symptom meant: "in my home everything is turned around; my mother is the boss and my father is her drudge." Another patient, Miss K., would express her resentment at my keeping her waiting by an inability to begin to speak. Another of my patients, a young man, to show that he had been humiliated by my taking another patient into my consulting room ahead of him, had to urinate before he could begin to speak. Hurt pride in a neurotic very often expresses itself by this sort of regression to infantile vesical incontinence (humiliation in infancy).

14. **Laziness.**—The only other motive for the development of hysterical symptoms to which I shall refer is laziness, the aversion to do enforced tasks. A boy of 18 or 19 whom I treated was unable to find a job that suited him. He had cold sweats at work, fainted in the subway while on his way to work, and could not awake before 11 a. m. In the afternoon and evening he was perfectly well and enjoyed a "movie" matinee daily. Notwithstanding this his fond mother supplied him with money every day, with fine clothes, etc., and he is still uncured. This motive must be reckoned with in very many neurotic cases.

3681 Broadway.

PROSTITUTION IN 1886 AND IN 1916.

By I. L. NASHER, M.D., New York.

A NUMBER of factors, some universal, others local have contributed to revolutionize the institution of prostitution in this city in the last thirty years. A fair estimate of the number of professional prostitutes prior to 1891 was 1% of the population. Since 1891, when the first radical steps were taken to suppress public prostitution, the proportion has decreased until to-day it is probably less than 1/10% of the population, less than 5000. This is the estimate of one who is perhaps in closer touch with the vice situation than any one else in the city, and includes the professional prostitutes in the streets and those in apartments. According to the estimates of hysterical would-be reformers who see vice through magnifying glasses and are not particular how many ciphers they put to the right of their figures, there are at least 50000 streetwalkers and hundreds of brothel houses, although they couldn't tell a brothel if they were inside of one. But while the number of streetwalkers has noticeably diminished and the brothel houses are practically wiped out and the dives and similar resorts where the prostitutes formerly congregated no longer exist, there is still a large number of professional prostitutes, clandestine prostitution is very prevalent, and unchastity among apparently respectable girls is extremely common. It is difficult if not impossible to form an even approximate estimate of any class. Since the prostitute is liable when arrested for soliciting on the streets to be sent to Bedford Reformatory for six months or longer, she does not address strangers on the street and unless one wants to take the chance of making a mistake which might land him in the police station, he must guess which of the girls he sees hurrying along or tarrying in front of store windows are prostitutes. In a recent walk from 23rd Street to 53rd Street along Broadway at 11 P.M., I counted 35 women who appeared to be looking for customers but that is no basis for estimating the whole number. There are no more of the cheap brothels where a man could take his pick from perhaps half a dozen women sitting in kimonos in the front parlor, and where he was warned, if he was too long in the woman's room, that another customer was waiting. It is said that there are still some of the expensive brothels

but it requires an introduction and a roll of bills to obtain admittance. (The existence of brothel houses is denied by those whose business it is to wipe them out.) One who obtained an introduction to a ten dollar house a few months ago said he saw only the colored maid who opened the door, the madam who asked what type of girl he liked and showed him the photographs of a number of girls with their descriptions, and the girl he selected. When he ordered wine the maid took the order and the madam served it but would not drink. The girl played the violin and delicately hinted at a contribution toward the violin lessons. The patron thought that the twenty-five dollars he spent in that house was well worth the pleasure he had received. He was surprised when in the course of the conversation she spoke of his home town and appeared to know so much about it, but she cleared up the mystery by pointing to the lining of his hat showing his address, and an encyclopedia in her dressing room. (This may have been a "call house" but from his description I am inclined to think that it was a regular brothel house.) The streetwalker of thirty years ago took her patron to her room, a furnished room house where rooms were rented by the hour or day, or to a hotel where she received a commission and a further commission if she vacated the room in half an hour. The Raines Law wiped out the furnished room house and many of the small hotels, under the tenement house law she is liable to go to prison if she takes her patrons to her room, and under the law a hotel can rent each room only once each night and is forbidden to rent rooms to a woman twice the same night. These laws have seriously impaired her activities and income. In the place of the old time brothel where madam kept her girls and rooms in the same building she has devised the call house and exchange, a new scheme for serving her patrons, but this too conflicts with the tenement house law. She hires an apartment and when a properly introduced patron comes she asks what type of girl he desires and shows the photographs of some. The patron having selected the one he desires, madam summons the girl by phone from the call exchange where the girls congregate. A call exchange may serve several call houses and a call house may be served by several exchanges. So quietly are these call houses conducted that their character is not suspected by neighbors until raided by the police. This happened in a call house which was established in the apartment directly over my rooms a little over a year ago. Although I made

two professional calls in the apartment I did not suspect its character until it was raided by the police and the madam and two call girls were taken out. Yet the house is owned by a minister and the other tenants are families with children. The Parkhurst crusade and the consequent Lexow investigation of 1894 caused the closing of hundreds of brothels, driving the inmates into tenements. Whatever benefit was derived from the closing of the brothels in the districts where they were known, was overcome a hundredfold by the harm done by the women in the tenements. In one Eastside building where one woman took refuge three girls became prostitutes. I attended a woman in another tenement who was frightfully beaten by her husband when he found that she earned pin money in the room of one of these refugees. The fashionable prostitute can afford to live in a fashionable hotel but the great majority of prostitutes live in tenements, though they no longer bring their patrons to their rooms. Coming in at all hours of the night the woman cannot long conceal her character and she is either forced to move or pay more rent. A few still occupy flats, but since a landlord was sent to prison for harboring such women they too are being driven out.

The activities of the Immigration authorities have put a stop to the importation of the French and German prostitutes and the decline of shipping, especially of sailing ships manned by Scandinavian sailors, has closed the Scandinavian sailors' resort near the waterfront.

The French prostitute has disappeared from the streets although there are still some clandestine prostitutes posing as teachers, translators, etc. A few years ago I advertised for a French teacher and some of the replies were so equivocally worded as to leave no doubt about the status of the writers. I know of but one place where German prostitutes congregate and these are without exception women who escaped the vigilance of the Immigration authorities either by coming in from Canada or coming in as cabin passengers. These women are better educated than the German women of a generation ago, trickier and more mercenary. They do not walk the streets but are found nightly in the restaurants where those who seek this class find them. Most of the women on the streets to-day are American but in recent years a large number of Jewish prostitutes have appeared in the poorer districts. Thirty or thirty-five years ago a Jewish prostitute was a rarity; now there

are hundreds of them. Many of the Jewish and some Italian girls have been forced into the business by the so-called white slavers, men who compel girls to support them by prostitution. Their methods have been exposed in the public press. These girls are submissive and will put up with indignities where the American girl would rebel and fight, but these girls are weak-willed, easily led and thoroughly cowed by their masters. Many streetwalkers however take up this work deliberately, either because it affords an easy way of gaining a livelihood, or because they want life and excitement.

Clandestine prostitution has changed in the past generation. Thirty years ago many women used their jobs as a cloak to give them an appearance of respectability, prostitution being their real source of income. Their legitimate work was of such a character that they had abundant opportunities to meet men and they were always on the lookout for an invitation to accompany one to a furnished room house during or after business hours. In one establishment the furnished rooms were over the store in which the girls worked, the store and rooms being owned by the same proprietor. These women did not care for the theatre and the little dinner afterwards; they were out for the cash and they made it plain that money, not pleasure, was their object. The clandestine prostitute of to-day resorts to prostitution to supplement her salary but in her relations with men the social and not the commercial side is emphasized. She would indignantly reject a proposition to sell her favors for cash but she will not hesitate to suggest that the price of a bottle of wine that he would order would buy her a new pair of shoes that she needs. Many women have friends who take them out occasionally, and before returning stop at a hotel for a couple of hours, then put a bill in their pocketbook, stocking or waist as a present. It is practically the same as paying them but the element of barter and sale is absent. They are not all working girls who resort to such clandestine prostitution to augment their incomes. Wives sometimes earn pin money by entertaining friends while hubby is absent and this happens even in so-called fashionable society. There are certain legitimate occupations which encourage clandestine prostitution. Out-of-town buyers come to the city to purchase goods and expect to have a good time at the expense of the local dealers. The press recently reported the case of a merchant who discharged an employee because she refused

to entertain a patron, yet that appears to be a common practice. In one establishment a girl, engaged to fill a petty clerical position at a large salary, is the regular entertainer of buyers who are looking for such entertainment.

Manicuring is a business in which the girls are especially liable to become clandestine prostitutes. The manager of one such establishment where most of the patrons are men, says he cannot employ a modest girl. In other vocations women are constantly exposed to temptation and many fall by the wayside. In one hotel a patron asked an employee where he could get a girl without risk. He was told to leave his door unlocked when he got in and soon afterwards one of the chambermaids appeared and asked if she could be of any service. Despite the statement of a prominent theatrical manager in a recent Sunday magazine article that 75% of chorus girls were straight, the proportion of chaste girls in this class is small. Newcomers may be straight for a while, there may be some old-timers who have remained straight, some who are married toe the mark of rectitude, but most of the others do not. I spent a few days with a musical comedy company on the road. Of 16 women in the company, four were married to men in the company, one was the owner's sweetheart and two were new girls who had not yet been put to the test. They replaced two girls who had been discharged for coming to rehearsal drunk after carousing with men all night. Of the other nine, five were known to go out with men, two were the pets of members of the company and went out with no one else, and two were straight as far as the manager knew. At a New Year's eve dinner given by the manager of a burlesque show to his company after the performance, each girl who had no male friend in the company or in the theatre was permitted to bring in a male friend or one was provided for her. Every girl drank, most of them smoked and afterwards every one except the wardrobe mistress and one girl who was apparently in her charge, left with a male companion. I know something about the show business, and about the general run of show people, their unconventional lives and their general attitude toward social relations. There are very few prostitutes among the women, that is women who depend wholly or partly upon promiscuous sexual relations for their livelihood. But many have lovers in the com-

pany or outside who enjoy their favors, and many dispense their favors promiscuously to those who give them a good time.

How shall we classify the girl who gives her favors to one man alone? There is no question about the status of the mistress however faithful she may be to her man. There are cases where a man and woman live together as husband and wife without the legal or religious formula that the law requires to give them the legal standing, yet are faithful to each other. She is as truly his wife as if the judge or minister had told them so. But the real mistress is only a prostitute who has one liberal patron instead of many poor ones, and instead of depending upon individual fees she is on salary, though liable to be discharged at any minute. And as I recall the many cases where mistresses have turned upn their supporters when they were discharged I am reminded of the old madam's advice: A man should never let a sporting woman fall in love with him. A man should never consort with a woman who has not as much to lose by exposure as he has.

In all ages girls have given their lovers prenuptial privileges but it is only in recent years, since girls have entered vocations where they are thrown in close contact with their employers alone, that girls have become their employers' sweethearts. It seems that girls are more free in their favors to lovers now than they were a generation ago. This may be due to the removal of the most potent restraining influence, fear of pregnancy, since many girls and men know now how to prevent conception. It may be too that there is a lessened regard for chastity since unchastity among apparently respectable girls and women has become common and it does not create the abhorrence that it did formerly. Girls nowadays deliberately employ devices to stimulate sensuality in men, as short, translucent skirts, close fitting, one-piece bathing suits, flesh colored tights and stockings with low shoes, lip paint, etc. I was present when the manager of the largest dancing school in the country sent 30 instructors home because they wore no corsets and some demurred because the lack of corset rather than the dancing ability attracted some pupils. But this man has still some of the old-fashioned ideas of propriety, he allows no liquor in the place, not even in a well stocked emergency medical and surgical case, and the old-fashioned waltz is still popular in his establishment. Some of the new dances undoubtedly are intended to stimulate sensuality and one had to be eliminated when variations were introduced which were so suggestive as to arouse erotic thoughts.

and desires. Yet this was one of the most popular dances in the dancehalls, especially with young girls. This is but one of the signs of the times, showing that there has been a radical departure from the standard of morality of a generation ago. The old conservatives say we are worse, the modern liberals say we are better. I am on the fence and say there is a different standard of morality and according to this standard there is less hypocrisy, more vice according to the old standard, less according to the present standard, and a tendency to break down the wall of conventionality that separated the chaste from the unchaste. We have not yet gone from the extreme of primness and prudery to the extreme of license and licentiousness but we are on the way. About five years ago bare-limbed classical dances were first given and last year the whole ugly chorus of a vile burlesque show gave a bare-legged high-kicking exhibition. My newsman tells me that the magazines having suggestive titles as Saucy Stories, Spicy Stories, Snappy Stories, etc. have a large sale among young girls and in the present liberal spirit of society we may expect a magazine called Smutty Stories next. These are the things that have lessened the value of chastity, made unchastity less offensive and put the girl in a receptive mood when her lover made advances, especially since curiosity and desire had been aroused through her literature and through conversation with other girls who had been through the mill.

An enormous number of unchaste girls are found in offices, shops, stores and factories. With the scattering of the professional prostitutes, a better knowledge of the dangers of venereal disease, and the knowledge that many of the professional prostitutes were diseased, men became afraid to consort with them, especially since there was the danger of arrest and exposure in a raid. But the fundamental instinct of race preservation which drives men to seek the association with women has not changed. The warning of sound thinkers that when the prostitute is not available men will seek good girls, has been disregarded and men now seek good girls instead of the prostitute.

When Mr. X who visited Helen in Madam's house every Monday afternoon, found that the house was closed and Helen had disappeared, he tried the next house. When he found this closed and the third would not admit him he went back to his office and made a play for his secretary. Never before had he thought of the possibility of employing her for such a purpose

but necessity knows no law. The usual sympathy plea, "a cold wife and none to love," a few small gifts, a little lunch in the office after office hours and Miss secretary took Helen's place on Monday afternoons and any other afternoon that he desired. And what about Miss secretary afterwards? She allowed her lover prenuptial privileges, became pregnant, and he married her. The play upon a girl's sympathy is still effectual but more girls fall on a play upon their vanity. The girl will indignantly reject an offer of cash, even a raise in salary if conditioned by the return of her favors. She is not selling herself. But little gifts befitting her station which she can exhibit with pride, will be gratefully appreciated and she will reciprocate by giving the only service that she can give and he cannot buy. This is a phase of immorality which cannot be investigated with any prospect of success but its extent can be surmised from the large number of girls who are self-dependent and dress and live better than their wages or salaries permit. Occasionally a case is brought to light in a breach of promise of marriage suit, occasionally when the victim of an abortionist dies.

It would be a gross libel to charge any large proportion of the girls holding positions where they are alone all day with their employers, with immorality, but in a vocation embracing thousands even a small proportion constitutes a large number. The close office relations with its almost inevitable familiarity in time, the necessity for appearing neat and well dressed, the girl's natural vanity and her desire to appear to good advantage before men, coupled with her secret delight that her employer wants her, gratitude and a desire to reciprocate his kindness, taken in connection with her small salary, will sufficiently explain why and how she can afford to dress better and live better than her salary warrants.

It is different in stores where there are a large number of women, few men and most of the patrons are women. There is not the same incentive to dress beyond their means, the male superiors have not the opportunity to help a girl to the extent that she need be very grateful and responsive, and the men she meets are neither as wealthy, refined or educated as the run of men whom the office girl sees and for whom she must appear to better advantage. The store girl has moreover the advantage of rebates in purchases, cheap meals, free medical service, etc. so that her expenses are far less than the office girl. Here are two sisters, the

older, age 22, working for six years in a department store, the other, age 19, working for two years as stenographer in a broker's office. Each earns twelve dollars a week and contributes five toward the household. The older one has saved 600 dollars, the younger one has saved nothing and is constantly complaining that she cannot clothe herself properly on what she has left. The mother is not afraid about the chastity of her older daughter who is engaged but she says she must watch the younger one, lest she go wrong. I happen to know that both are unchaste, the older one consorting with her fiancee, the younger one with a broker's clerk.

The shop and factory girl is more frequently exposed than either of the other classes. She is usually uneducated, weak-willed, credulous, and easily impressed by a show of wealth though it be only sham. Fear of pregnancy and exposure to ridicule is, in many, the most potent restraining influence and if this can be overcome through either drink or assurance, she falls. She will then remain faithful to her lover until he discards her, when she will give her favors to another lover, or finding that she can earn more by prostitution than by legitimate work she will go on the street. It is from this class that the panders recruit their victims.

In comparing prostitution as it existed in New York 30 years ago with prostitution as it exists to-day the most noticeable changes are the disappearance of the brothel and the appearance of the private call house, the diminution with prospects of total extinction of public, professional prostitution and the increase of clandestine prostitution, mistresses and unchastity among girls and women. Conceptions of morality and modesty have changed. The problem of prostitution is as unsatisfactory to-day as it was thirty years ago. There has been a vast improvement in the superficial moral aspect but it has been secured by hiding vice in corners where it cannot be seen and hence it has appeared in directions where it cannot be followed.

The Parkhurst crusade closed the brothels and drove the inmates into the tenements. The Raines law forced the closing of the furnished room houses and small hotels devoted exclusively to prostitutes and their patrons, and these women now take their patrons into hotels patronized by respectable men and women. A little private agency, the Committee of Fourteen, has been the most active and successful in closing the so-called Raines law

hotels and the few brothels which survived the Lexow investigation and it has also closed the numerous dives and concert halls where the women congregated. To-day the prostitute seeks her patrons at the cabaret or dance hall where she mingles with respectable people, whose presence gives the man who wants her a sense of security he never felt when entering a dive. He goes into these places freely, he is not afraid of being robbed, or arrested in a raid, and he has little if any more difficulty in finding what he wants than before. To-day the committee is devoting its energies to the elimination of the few resorts of the old order that still remain, but more particularly to the elimination of tenement house prostitution, the call house and private flat. The persistence with which these are followed up makes it probable that they will be wiped out as effectually as the old time brothel and furnished room house. And then what? Can prostitution and the prostitute be suppressed by closing the places where the prostitute lives, meets and works? Closing these places neither puts her out of business nor wipes out her vocation. It does indeed make public prostitution more difficult, more dangerous and more expensive and it may put an end to public prostitution. Those competent to judge say New York is outwardly one of the most decent of all the great cities. But what is it below the surface? The professional prostitute has gone back to clandestine prostitution. But the most pernicious ultimate result of the anti-vice crusades and activities is the extension of unchastity. The New Yorker who formerly went to the dive and brothel now finds it cheaper to give his sweetheart some presents and receive her favors in return. Mr. X finds more satisfaction in his association with his grateful and affectionate secretary than he ever did with Helen of the brothel whose affection was measured by the amount he paid her. The young man from the shops who formerly paid the streetwalker a dollar and paid another dollar for the room now takes his girl to the park where benches and bushes are free and he gives her a box of cheap candy. And so changed has become the girl's attitude toward unchastity that where thirty years ago she shrank from the girl who gave her lover prenuptial privileges, to-day she no longer shrinks from her, but secretly admires her hardihood, and perhaps envies her. Thirty years ago the girl who allowed her lover such privileges was bad, a prostitute, who was ostracised and became an outcast unless he married her in a hurry.

To-day she is merely indiscreet and more indiscreet if she allows it to be found out. And there are many men who take a liberal view of unchastity, who do not demand virginity in the women they marry though they demand fidelity afterwards. We are getting away from the spiritual side of sexual relations and are considering the practical and scientific sides, the physiological needs rather than the religious dogmas concerning the whole question. This much is certain: Prostitution as a commercial vocation is dying out; as a social provision it is on the increase. The whole problem of prostitution is however as universal and as eternal as the fundamental instinct which begets it.

Translated for THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY

THE NECESSITY OF A PROLONGED MERCURIAL TREATMENT IN GENERAL PARALYSIS.

BY PROFESSOR GAUCHER.

THE times are no more when some physicians believed in a syphilitic and others in a non-syphilitic origin of general paralysis. I do not think that any medical man of to-day wavers in his opinions as to the constant syphilitic origin of general paralysis.

Yet, there are still physicians and particularly alienists, who though admitting the constant syphilitic origin of general paralysis, have no faith in the efficacy of an anti-syphilitic cure of general paralysis and even hold that a long continued treatment may be dangerous in certain cases. Others regard it as unnecessary, while still others are of the opinion that the treatment should be stopped as soon as it shows its inefficiency of producing rapidly favorable results; they prescribe it, so to say, to soothe their conscience, and without any confidence. Against such an error I want to protest by advancing the following propositions:

1. General paralysis is by origin and nature always a manifestation of tertiary syphilis; it is syphilitic in nature, and not parasyphilitic.
2. The treatment with iodine and mercury, chiefly the latter, is always advisable for all cases of general paralysis; it can never be harmful, but is always beneficial. It must be applied as soon as possible.

3. The treatment requires often a long time to produce the desired effects; as a rapid improvement cannot be expected, the necessity arises of a continuation of the treatment for years.

4. Yet, even after the desired results are obtained and the disease seems to be checked and improved, without being cured—for in such cases nothing but a relative cure can be expected accompanied by a certain diminution of the cerebral functions—even then, I say, when the progress of the malady seems to be arrested, the mercurial treatment must be continued for an *indefinite* period, in order to prevent relapses, to “consolidate” the recovery and to improve, if possible, the impaired mental faculties.

I am ready to admit that in many cases the treatment cannot ward off death;—perhaps the treatment may postpone the fatal ending? Or, perhaps, are the results of the treatment not satisfactory on account of the shortness of time, or, perhaps, was it applied too late, or was it administered in insufficient quantities? Be it as it may, though the majority of cases of general paralysis do not yield to the treatment, I know a number of cases, much fewer in number, I admit, in which the treatment produced the most happy results.

Of the many observations at my disposal which demonstrate the truth of my assertion, the following is the most convincing: A man, syphilitic for four years and under careful and uninterrupted treatment since the commencement of the disease, feels, in the middle of 1896, the first symptoms of a diffuse periencephalitis: as vertigo, uncertain gait, diplopia, obstinate occipital cephalgia. In spite of a regular treatment with injections of benzoate of mercury and iodide of potassium, the headache persists, or, rather, reappears after it had been calmed for a while. In spite of these cerebral troubles, the pupils remain equal and the reflexes normal, but the patient is suddenly attacked by inflammation of the nails of three toes, which fall off. In June, 1897, he has an attack of dizziness and temporary aphasia; during the year 1898, mucous patches appear on the tongue and remain visible throughout the following year in spite of the continuation of the treatment. During the month of August, 1904, a new attack of temporary aphasia. His health was good on account of the regular treatment until March, 1904. March 26th, 1904, the patient who suffered from violent headaches for several days, has fits of vomiting, numbness of the hands and suffers from a new attack of temporary aphasia. June 2nd, 1904, numbness of the right side and an

attack of aphasia lasting one hour. During December, the same year, a new attack of temporary aphasia and then another of the same kind but accompanied by vertigo, in April, 1905. The vertigo persists, but in November, 1905, the pupils remained equal and mobile; the patellar reflexes were greatly exaggerated. In December, 1905, the patient's speech begins to be embarrassed; the pupils are still normal; the vertigo begins to be more frequent; the patient has fits of vomiting; he buys all kinds of things he does not need and has "bizarre ideas" as his mother puts it.

In April, 1906, the patient, accompanied by a reliable man, goes to Nice, for a rest; he returns with all the somatic and psychic symptoms of general paralysis. While mounting a railroad train he stumbles and falls under the foot-board of the car; returning home he has attacks of vomiting, hemiplegia of the left side, aphasia, his speech is of a characteristic drawl, the pupils are unequal, the left one being dilated. The mercurial treatment was continued uninterruptedly by inunction as well as by subcutaneous injections—all this was done while the cerebral symptoms developed, as I wish to state most emphatically.

At that time I called in consultation Brissaud who gave a diagnosis of general paralysis, a prognosis of incurability and the prediction of a speedy decease. Several months later, I showed my patient to Raymond and then to Joffroy. They gave the same diagnosis and prognosis, a prognosis and a diagnosis, however, very easy: a diagnosis absolutely certain and a prognosis more than probable. To-day Brissaud, Raymond and Joffroy are dead while the patient they gave up, is very much alive—after ten years!

For ten years he has been continuing the mercurial treatment. For 8 years he has felt, alternately, better and worse. During several relapses he suffered again from headaches, chiefly neuralgia of the left side, aphasia, paraphasia and from increased difficulty of speech; the latter symptom, however, remaining more or less pronounced during the intervals between the crisis, was gradually lessened and disappeared almost entirely since about three years. In May, 1908, the patient was suddenly attacked by diplopia and ptosis of the right upper eyelid. His speech was a little more difficult and more drawling; the inequality of the pupils was increased. At that time there was a recurrence of periencephalitis of a considerable duration; in January, 1909, the patient had new attacks of vertigo and fell in the street, although an attendant

was always with him. In May, 1909, he had an attack of monoplegia of the lower right side which though being temporary, never disappeared completely; for until this day the patient continues to drag his leg.

Since that time no noticeable symptoms manifested themselves; the patient is recovering slowly but steadily; yet, a cerebro-spinal deficiency persists and probably has become permanent. Since 1905 he has been impotent. For the last two years he has been going out unattended; he manages his business and does it well and with great care, making neither mistakes nor permitting himself to be imposed upon. There was a time when his family wanted to place him under guardianship. The inequality of the pupils persisted though interruptedly, until the end of 1908. Since then they are equal but present a somewhat clotted and almost immobile appearance. The exaggeration of the patellar reflexes has persisted until the present day.

I see this man regularly every two months. In two months he must have five injections of two centigrams of benzoate of mercury, that is to say, one injection every other day, for ten days. During the following ten days, he takes daily two grams of iodide of potassium. Just as a matter of precaution, I shall continue this treatment for a long time although I think that I am justified in considering this man completely cured. His general paresis commenced twenty years ago.—

Now I want to report another observation of a more recent date and a very much shorter duration. I choose this particular one because I consider it as one of equally instructive character.

Towards the end of July, 1914, I was called to see a man 35 years of age and syphilitic since his 18th year. The patient is in an almost delirious state of excitement; the pupils are unequal, the patellar reflexes exaggerated. I hear that for some time he has led a dissolute life and that his business affairs are in a bad state. His wife is unable to calm him and to hinder him from going out and getting into new troubles. I have no doubts as to the existence of general paresis; of the same opinion are the two physicians who treated the patient and have called me to see him. The serologic examination shows a positive Wassermann reaction. A young neurologist had made a lumbar puncture, three days before I was consulted. In the report given to me he diagnosed incurable general paresis. Oh, what follies are committed to-day in the name of lumbar puncture!

The spinal lymphrosis, disclosed by that lumbar puncture, does not in the least impress or embarrass me; I prescribe injections of benzoate of mercury, two centigrams per day, and at the same time, two grams of potassium iodide.

I advise that this treatment be given for 20 days; after a rest of 10 days, new injections; succeeding this, iodide of potassium for 10 days, followed by a period of rest of 10 days. This interrupted treatment must go on for many months; 10 days injections of mercury, 10 days of potassium iodide; 10 days of rest, and so forth.

I see the patient again at the end of January, 1915; he has followed the treatment regularly according to my prescription; he is doing nicely, but his pupils are still unequal and the patellar reflexes are exaggerated. He feels only a little weak.

The patient went to the country, on account of the war; in June, 1915, I receive a report from the doctor who treats him: the pupils are no longer unequal; all the reflexes are normal; there are no more troubles with his speech.

In August, 1915, the physician sends another letter from the country; he asks whether the treatment could not be stopped as the patient was feeling very well;—I eliminate the potassium iodide and have him continue the injections of mercury, 6 to 8 per month, one injection every other day. In November, 1915, and in January, 1916, I saw the patient again. The recovery has continued; only the patellar reflexes are still somewhat accentuated. I have him continue the injections of mercury, 8 per month, and I shall do so for a very long time, in spite of the good condition of the patient.

It is evident that this observation is not of the same value as the former, the recovery being still recent, not even of one year's standing. I selected it from among others, because it demonstrates the results we can obtain by a mercurial treatment if it is made use of at the commencement of general paralysis, that is to say, if doses of sufficient quantities are administered and a regular treatment carried out as soon as symptoms of periencephalitis begin to manifest themselves.

We can draw the following two conclusions from the preceding observations:

1. One should not declare a priori that general paralysis is incurable.

2. The mercurial treatment of general paralysis must be continued indefinitely.

AT WHAT AGE ARE PARENTS BEST FITTED TO BEGET CHILDREN OF GENIUS AND TALENT?

BY DR. VAERTING, BERLIN

THE duties of the parent and the rights of the child have been discussed again and again. The highest right of the child is its claim to the possibly best mental equipment.

The mental quality of the offspring has its root in parental influences. Nothing short of the fullest utilization of the best procreative material will inaugurate the era of the Right of the Unborn—the foundation of the right of the child.

The author asserts that the *Age of the Parents* is of the utmost importance in regard to the mental endowments of their prospective children. A rich statistical material at his disposal, he begins his investigation by discussing the most favorable procreative age of the Father for the attainment of a maximum and optimum of mental faculties in the children.

He maintains that the *43rd year of the male parent* is the *upper limit* of his procreative faculty most favorable to the mental endowment of the offspring. (As only a few men marry while very young, he does not try to draw any conclusions as to the *lowest limit*.)

Further, besides the age at which he begat the son, the profession of the father is of very great importance upon the mental faculties of the children. It seems that men who perform plain, ordinary work have better prospects to become the fathers of highly gifted sons, during the period indicated above, i. e., between the age of puberty and the 43rd year, than fathers who are devoted to higher intellectual pursuits. The greatest men, the men of genius, were often the sons of mediocre, even ignorant fathers. Gauss was the son of a bricklayer, Kant's father was a saddler, Liebig came from an old peasant stock. Men with limited mental activities—the lower intellectual middle-class, so to say, come next. Schiller's father was a surgeon, Bismarck the son of landed proprietor. So was the great poetess Annette von Droste-Hülshoff.

The most unfavorable prospects for great offspring have highly gifted fathers, men of genius. "Great men seldom have great sons." Of course, there are exceptions. The cause of the latter, according to Vaerting, is the *youthful age of the begetter*, that is

The above article presents a resumé of Dr. Vaerting's brochure entitled *Das günstigste elterliche Zeugungsalter für die geistigen Fähigkeiten der Nachkommen*, which attracted quite some attention at the time of its appearance. I give Dr. Vaerting's ideas for what they are worth. Let the readers draw their own conclusions.—W. J. R.

if a man became father when he was at the height of his reproductive vigor and his brain and nervous organism were not yet worn out by mental work.

Vaerting also points out the incertitude of fatherhood in cases of an advanced age of the father and amongst the upper classes. Also the domicile of the parents is an important factor in this connection, as in a large city a woman is exposed to dangers and opportunities to deceive her aged husband, more than in the country.

Further, Vaerting calls our attention to the fact that most men who are devoted to *higher professions* and to productive mental work *marry too late*, at a time when they are beyond the period of their fullest procreative maturity. A large stock of mental and procreative energy is necessary for begetting children with high mental endowments. Vaerting recognizes the cerebral activity of the father as the decisive factor in limiting the favorable effects of the proper procreative age; these effects are decreased, step by step, with a corresponding gradual increase of the mental achievements of the father.

The deplorable fact that men of a high intellectuality seldom have great sons is to be explained, according to Vaerting, by the tyranny of our social code and sexual customs which deprive the man of genius of his natural right to become father during the most favored period of his sexual vigor. "What splendid achievements could not be entered on the credit side of his procreative account if a Gauss at 17 when he made his first great mathematical discovery, had been allowed to be the sex-mate of an older woman!"

On the other hand, Vaerting does not believe that higher mental endowments can be inherited (Galton's and Rilot's theory), nor that the man of genius is the result of careful breeding (as Reibmayr maintains). On the contrary, the genius arises, suddenly and unexpectedly, out of a mediocre environment provided, of course, that the parents are healthy and of the right relative ages.

In regard to Woman's age Vaerting maintains that the 24th year is the lowest limit for the conception of children of a high mentality. (In the case of Goethe he sees an exception that proves the rule and goes even as far as to make insinuations as to the fatherhood of the husband, in order to maintain his theory). Vaerting quotes a number of instances where women married before they were 20 years old, but became mothers of great men *after their 24th year* although the husbands were of the right reproductive age (i. e., under 43) at the time of the marriage. Bismarck's mother married at 18 when her husband was 35; at her 25th year

she brought forth the great statesman. Kant's mother married when 19, husband 33; after 8 years she gave birth to the great philosopher.

Vaerting also quotes cases where great men were the *first born* of women who married after their 24th year. (Some of them had even more than one great son). Helmholtz's mother married at 24 and gave her great son to the world after 1½ months of married life. Heine's mother married at 29 and became the mother of the immortal poet after one year. Gauss's mother married at 34 a man of 32; one year later she brought forth the prince of mathematicians. Vaerting maintains that the above cases and many others prove beyond the shadow of any doubt that a woman must be *at least 24 years old* before she be able to perform her maternal masterpiece.

The author thinks that it is *impossible* to make any assertions in regard to an *upper limit*. The cases are here so complicated by a number of circumstances that every conjecture is excluded. The main obstacle is to be found in the difference between the relative ages of the parents. Most girls marry before the 24th year, i. e., before they are fully developed. When a woman has reached the optimum of her maternal faculties, the husband is beyond the most favorable period of his reproductive powers.

Cases of unions between *older women* and *younger men* are rare. Such combinations might be prolific of the most auspicious offspring. According to Vaerting, it is probable that the spermatozoa of a young man are not suitable to a woman of the same or a younger age. We know of many cases where the healthy instinct of a *youth* was attracted by the charms of an *older female*: Goethe, 26; Charlotte von Stein, 34; Liszt, 23; Marie d'Angoult, 29. Young Boerne and Henrietta Herz who was by 20 years his senior.

Vaerting believes that males reach the period of full maturity sooner than females. Therefore, men should commence with the performance of their procreative functions at an earlier age than women in order to obtain the most favorable mental results in the offspring. *A woman under 24 ought not to be allowed to marry.*

The same rules that are valid for the parental age in its bearing on the mental efficiency of the offspring must be applied to the vitality of the children. The author points out that very young women, as a rule, are mothers of weaklings. Also the increased morbidity and mortality of firstlings has its chief cause in the youthfulness of the mother. Otherwise, *firstlings* would have the *most favorable prospects, namely*, if both parents are of the right relative age.

These prospects are enhanced if conception does not coincide with the commencement of sexual intercourse. Schelling and Ohm were the firstlings of a union of 3 years standing. This strange fact may be explained as follows: A well regulated sexual intercourse increases the blood supply of the sex glands and thereby also the nutrition of the germ cells.

Vaerting thinks that greater birth numbers increase the morbidity and mortality. The greater length of the birth intervals, however, has a favorable influence on the vitality of the children.

CONCLUSION

How to *utilize* the results of our investigation as to the most favorable procreative age of parents? How to put into *practice* our Knowledge and how to add new material to it?

Vaerting makes the following propositions:

More material must be procured for the investigation of the connections between the parental age and the mentality of the offspring. This might be done by *microscopic examinations* of the spermatozoa to show the gradual alterations with the increased parental age. Also the spermatozoa of manual laborers as well as of mental workers ought to be examined and compared. The *influence of mental work* on the germ cells ought to be ascertained; also the results of mental rest and mental exertion in the germplasm of the same individual. School statistics might be valuable for the solution of the problem as to the most favorable reproductive age of the parents.

Our customs, our moral code must be transformed. We need education, enlightenment for both sexes as to the most favorable reproductive age.

Highly gifted men ought to marry between 18 and 29; men of genius even younger.

The best mate for a man under 26 is an older wife. The 43rd year ought to be pointed out as the upper reproductive limit to all men.

Resourceless young men ought to marry *older women with an income*. If the latter is not sufficient it ought to be increased by the State. A *subvention* ought to be paid for every child of a mother over 23, provided the father is under 28.

An unmarried mother over 23 should never meet with public opprobrium if *the father is a younger man*. A woman who marries a man of over 50 years of age ought to be exposed to *public disgrace*. Every married woman ought to *refuse [reproductive] sexual intercourse* to a husband who is *past 43*.

Women must be *educated* to a sound valuation of their *maternal duties*. Quality not Quantity, must be the guiding principle of every mother. Her highest ambitions must culminate in the production of *perfect children*.

"FALSE YOUTH"

BY MICHAEL MONAHAN

[While Mr. Monahan is not a sexologist, he is a writer who knows life, and his article is so excellent, both from a literary and psychological point of view, that it deserves a larger audience than that of *The Phoenix* alone. We are sure our readers will enjoy his *False Youth*; may they also profit by it.—Editor.]

THE passions make trouble for us during the greater part of our lives, and it may be true that, in a sense, they are themselves the deepest potential proof of life. Many people undoubtedly cultivate and cherish their passions on this presumption: some such are of our familiar acquaintance, while there be famous instances in Holy Writ and in the profane but no less inspired pages of Balzac. Instead of giving thanks, like Sophocles, that age has freed them from the tyranny of carnal desires, they dread more than anything the cessation of these, and they pray that their torments may continue with them to the end.

It is a common error to suppose that the most tragic and violent effects of passion are limited to youth: an error too much fostered by popular romances as well as the public reserve maintained on this subject. Such exceptions as force themselves upon the public notice from time to time are dismissed as abnormal and society refuses to discuss the matter.

No, it is not Youth that furnishes the darkest, the most fatal and convulsing dramas of passion, but rather that period of life we call Middle Age, beginning in man at the forty-fifth, in woman at the thirty-fifth year. Then or thereabouts commences for both a season of false youth, the Indian Summer of the sexual passions, during which desire is felt with a violence and exacerbation never known before. Especially is this apt to be the case if either the man or the woman have ceased to love his or her partner and is tempted to seek another object of passion: a lamentably common incident.

The state is one that demands for the fullest understanding thereof a psychological as well as physiological explanation, which it is not my business to offer. But this I will say: the malady of false youth is largely induced by the fear of age, with consequent loss of the power of pleasing the opposite sex. It may be that such

fear is stronger in women than in men: the reserve which females maintain on the subject and the mystery with which it is developed yield no positive clue. In this, as in other respects, woman keeps her secret; yet certain inklings such as the revelations of Karin Michaelis, in her book, "*The Dangerous Age*," leave us to infer that there is little difference between sexes on this point. That both men and women alike dread the end of sex-life, and the latter the more since it means the loss of their greatest power, are conclusions that may be frankly accepted. Hence that element of hardihood, of recklessness and desperation in the passions of middle-age which so often shocks us in actual life, so as to merit the Latin appellation *nefanda*—meaning things forbidden to be spoken of, or under the taboo of Nature herself. Such incidents tempt at once and dishearten the portrayers of life. For the world will not have such disorders exhibited, except under conditions very difficult; it turns away for the most powerful depiction thereof in book or play as something monstrous and unfit for art. Balzac indeed explored this as every other sinister province in life, but it remains a question whether he is not more hated than admired for it; for the world dislikes to hear, quite as much as it needs to realize, the terrible truths set forth with such unsparing realism in "*Cousine Bette*."

Even as such things are passed by in fiction or remain stillborn in drama, so are they hushed up and smothered in the reality of every-day existence. Truth of this sort is indeed stranger than fiction, but society will not have it on any terms; rightly it feels that behind such explosions of ill-timed passions are forces that, if let loose, would tear the social structure to pieces.

The passion of youth is ever regarded as an *amabilis insania*, and all things are pardoned to it by grace of its talisman, Romance. We are not offended by the sweet unconscious immodesties of Juliet, nor careful to provide an expurgated version for our children; her story remains an open page to each new generation of maidenhood. But the world refuses to admit a romantic interest in the amorous disorders of the middle-aged; it sees only the fearful nature of the scandal threatening the peace and honor of families—the shock of a revelation which upsets the established belief in virtue.

All the world loves a lover, it is true, but not an old lover. Had *Romeo* and *Juliet* been of middle-age we would never have heard of their sweet folly or star-crossed love; Shakespeare would not have immortalized nor the world canonized them; and it is very doubtful if a fugitive echo had reached us of the two old fools of Verona!

So it is that such passions and tragedies of the middle-aged, though always occurring, are seldom exposed to the naked censorship of public opinion. The honor of the community is engaged, as by an unwritten law, to suppress such scandals, and even the newspapers are apt to leave them alone. But we have all heard of such, and we shall continue to hear of them so long as the elements of human nature remain as they are. There is no change in the eternal Decameron of human passion.

I have referred to the boldness and hardihood, the extreme daring which often mark the "romances" of elderly persons; indeed they quite match or even surpass anything recorded in the Book of Youth. The type of Ninon is far from being an uncommon one among women. Elderly Romeos are taking the fatal draught, elderly Juliets are following suit every day; or both are coming by their desires without tragic dénouement beyond the occasional breaking up of a family on either side. In any case, high courage is required for the business, which is apt to alternate between tragic risks and a perilous sort of comedy.

Perhaps such misadventure would not happen so often if the world would but cure itself of these persisting illusions, namely:—

Its inexpugnable belief in female virtue and incurable superstition that children preserve and guarantee a woman against temptation.

Its equally persistent and absurd notion that middle age separates a woman from passion and its liabilities.

Its foolish persuasion that woman is different from man in regard to the laws governing her sexual life.

False youth comes to both, and for the woman no less than the man it is potent to tear up the rooted sacred ties of life, flout the honor of marriage, corrupt the innocence of childhood, and turn the sanctuary of home into a romping place for devils!

Think not, Mr. Safe-Husband, that you may lay aside all anxiety concerning your dear wife because forsooth she has passed her fortieth year and the tints of autumn begin to mark her beauty. Nay, now indeed you shall do well to love her and court her and cherish her and watch her as never before: of a truth there be wolves abroad and anigh who would not scorn your own ewe-lamb. Are you a bit wanton andlickerish yourself, though a good husband as men go, and do you with a full share of that amiable conceit which hath been the cuckolding of many a simpleton, take it to be a man's privilege, etc?—the discerning reader will easily supply the rest.

Have a care, while you are yet unhorned, that she learn not the trick from you, else it will go hard but she will better the lesson—mayhap to the sorrow and confusion of your house!

EDITOR'S NOTE

This issue concludes the twelfth volume of the AMERICAN JOURNAL OF UROLOGY and the first volume of THE AMERICAN JOURNAL OF SEXOLOGY.

We were somewhat diffident a year ago, as one is always apt to be when making a new departure, when we made a change in the scope of the journal. But the results and the encouraging expressions from our subscribers have shown us that we made no mistake. There is a great field for a journal devoted to the scientific, earnest discussion of all the phases of human sexuality.

We have a number of most valuable articles for the coming year, articles that could hardly find place in any other journal in the country. The two principal articles in the January issue will be "Dreams: Their complete and detailed interpretation from the Freudian standpoint," by S. A. Tannenbaum, M. D., and "Jealousy: Its Prevention and Cure," by the Editor. "Premature Ejaculations, the Most Frequent Form of Sexual Disorder of the Present Day," also by the Editor, will be the principal paper in the February issue.

Selections and Abstracts

THE RIGHT TO SEXUALITY

The right to sexuality is inseparable from physical existence. This right is in itself neither moral nor immoral, being beyond good and evil. On the purely physiological plane, the right to sexuality is unlimited and illimitable. The most we need on this plane is to adopt preventive and curative measures in face of the dangers to health that may arise from an unduly frequent or an imprudent exercise of this right. Judging, therefore, by a purely physiological criterion, we must implicitly recognize the right to sexuality to be unconditional and universal, and in this view the culmination of human wisdom would be represented by the initiative of the German Naval Minister who, greatly concerned by the spread of venereal disease among the personnel of the navy, ordered that there should be placed in all the ships automatic machines whereby for a small payment anyone who wished could be supplied with a condom. But from the ethical point of view these considerations do not suffice. Sexual morality needs the bridle of the sentiment of responsibility—alike on the part of each sexual

partner towards the other, and on the part of both towards the community and their offspring. In the matter of sex, young men are the custodians of a sacred fire. Their sex will give birth to children; for this reason they must safeguard their vital energies and must not abuse their physical powers. The recognition of the inalienable right to sexuality implies also the recognition of the existence of supreme duties both individual and social.

—Robert Michels.

THE DISILLUSION BY THE PURE YOUNG MAN.

The desire that one's daughter may marry a man who, like herself, and on an equal footing, will gain in marriage his first experience of the most sacred mysteries of the sexual life, is one which may lead to profound disillusionments. Even if today the demand for chaste young men is extremely restricted, the supply is yet more so, and the article is of such an inferior quality that in actual practice the attempt to satisfy this desire is likely to lead to results which will fail altogether to correspond to the hopes inspired by the contemplation of the abstract idea of purity. (The domain of unchastity is far wider than it appears, invading the apparent kingdom of chastity and physical intactitude.) Many physically intact individuals of both sexes are far more contaminated than those who have had actual sexual experience. Others, again, superior in the abstract, and from the physically sexual aspect, are ethically inferior to the unchaste, so that the union with these latter would be more likely to prove happy than a union with those who are nominally pure.—Michels.

TUBERCULOSIS AND ABORTION

Preservation, not destruction, is the keynote of an article on Tuberculosis and Abortion by Dr. George Clark Mosher. (*Jour. Mo. St. M. A.*) The author inveighs against those who recommend abortion unconditionally in every stage of tuberculosis. If we should follow the "irreconcilables," he exclaims, obstetrics would be diverted into a side line in the work of the professional abortionist! Clinical evidence, he says, has convinced us that tuberculosis in the prospective mother must be treated as in the non-pregnant woman. Instead of blind generalization the individual must be considered. Children of tuberculous mothers have been seen to grow up healthy and become themselves the mothers of succeeding genera-

ations, whereas if the plan of general abortion were decreed two generations at least would have been sacrificed. The writer's assertion is corroborated by statements quoted from personal letters from recognized authorities on this subject. In cases of birth of a child of a tuberculous mother, the author advises that the baby at once be removed from the environment of the parent and to be spared the risk of infection from association. The ideal substitute he sees in a wet-nurse properly accredited by careful physical examination. Certified milk, properly modified, to be the food next best to milk from a foster mother. If the mother's life is in jeopardy and abortion seems to be imperative, it should only be performed on the ground of clinical experience. The author sums up his argument and concludes his article by quoting Dr. Adam Wright, of Toronto: "It is a question of individualization. No broad generalization can be laid down, but each case must be studied by itself. We believe in the curability of consumption in the pregnant as well as in the non-pregnant. If 29 per cent. of the women of child-bearing age in any community will show some evidence of tuberculosis, our duty to these women is to save them, not to murder their unborn children."

THE WOMAN'S MOVEMENT AND MALE CHASTITY

The demand for pre-conjugal chastity in the male from the side of the woman's movement will necessarily exercise but a restricted influence; yet so long as the demand for the absolute purity of woman before marriage is put forward by men, and so long as this demand is enforced under penalties, the corresponding demand on the part of women is morally justified. In practice, however, careful fathers of marriageable daughters, who seek this virginity in their sons-in-law, will, if they find it, seldom find it a guarantee for the simultaneous possession of solid moral qualities. Where we do find chaste conduct coupled with solidity of character, this association is usually the outcome of the young man's being strongly in love, and of the hope of marriage at no very distant date. It is by no means rare for such a love to furnish immunity against all other feminine temptations.

—Robert Michels.

THE MORAL CENSOR

If one acts obtrusively as moral censor you can bet a hundred to one that something is wrong with him.—Geo. Hirth.

SYPHILIS IN THE NEGRO

The prevalence of syphilis in the southern negro has been investigated by H. L. McNeil, Galveston, Texas (J. A. M. A., Sept. 30, 1916). He used the Wassermann and luetin tests, and the series he examined consisted of about 1,200 negroes, 15 years of age or over. On 600 of these negroes, both the Wassermann and luetin reaction could be successfully followed. In the remainder, only the Wassermann could be obtained.. Of the 1,200 negroes, 34 per cent. gave definite, positive Wassermann reactions. Two hundred working negroes were also examined, ruling out all that were diseased except from traumatic causes, and included with these was a small number of normal obstetric cases. Of these apparently normal cases, approximately 24 per cent. gave positive Wassermann reactions; 12 per cent gave positive luetin reactions, and 28 per cent. gave positive reactions to either one or the other. A limited study was also undertaken of negro children ranging from 1 to 12 years of age. As these children were, however, all hospital cases, the percentage is probably higher than among healthy negroes. The results seem to show that the majority of cases of syphilis among the negroes were of the acquired type. The relation of syphilitic infection to the various diseases was also studied, and for comparison figures were taken of the whites in the hospital, which showed that even among the class of patients received, largely sailors, dock laborers, etc., the percentage was lower than that of the blacks.

MAN'S CRIMES AGAINST WOMAN

Only prominently stupid geese can twaddle lightly over the numberless crimes man has committed against woman and continues to perpetrate. He has burned us as witches, he has sold us as slaves, he has locked us up in harems and brothels, he has prostituted us in all imaginable manner, he has acted as pimp by sanctimoniously binding us with the chains of matrimony, he has sterilized us by making nuns of us, he has made Cinderellas of us by subjecting us to his infamous double moral standard, and he has withheld from us almost all those privileges and liberties in the enjoyment of which he basks frivolously and shamelessly. May he perish!—Geo. Hirth.

MORALITY DURING THE PERIOD OF ENGAGEMENT.

The morality of the state of betrothal as it obtains in our society to-day is characterised by two crimes against nature, moral-

ity, and reason. In the first place, it enforces upon the lovers a very dangerous condition of nervous hyperexcitability, inasmuch as it constrains them to sexual abstinence during months or years, in association with continuous nervous over-stimulation. Secondly, it imposes upon the lovers a second dangerous nervous excitation, inasmuch as on the bridal night and during the subsequent weeks it instigates them to a sudden, and therefore in most cases unnatural and excessive, sexual indulgence.

—Robert Michels.

BRUTALITY OF THE NUPTIAL NIGHT

The brutalities of the nuptial night often prove the grave of love, for there is much truth in the words of Balzac, “le sort d’un ménage dépend de la première nuit.” The sudden intimacy with a man who materially at any rate and often psychologically as well, has been known only from a distance, strikes terror into many women, so that it is precisely the most chaste and the most delicate-minded who are impelled to an erotic refusal; whilst as a result of this, men who are themselves of delicate fibre, and therefore also impressionable, actually become, in relation to such women, impotent. The bridal night and those that immediately follow it not infrequently conceal the germs of death. The marriage bed with its troubles and sufferings is often the starting-point of long illness, leading the man to a premature grave, and the woman to the lunatic asylum.—Robert Michels.

THE PUBLICITY OF WEDDINGS

The current morality of the state of betrothal poisons that state and desecrates the act of sexual union of two loving beings, inasmuch as it permits the maiden’s entry into the sexual life only under exposure to the fierce light of public curiosity—not to speak of the wedding journey and other abominations. She enters upon her married life decked out like a peacock, and profoundly wounded in her maiden sense of self-respect, because she knows beforehand the precise place and the precise hour in which, nolens volens, she is to lose her virginity. The publicity thus given to an act, undoubtedly one of the most solemn in life, but which ought also to be one of the most private, proves very clearly that the moral code regulating betrothal and the introduction to marriage is still in an extremely primitive condition, and needs reform from its very foundations.—Robert Michels.

BOOK REVIEWS

A practical treatise on disorders of the sexual function in the male and female. By Max Hühner, M.D., Chief of Clinic, Genito-Urinary Department, Mount Sinai Hospital. F. A. Davis Company, Philadelphia, Price \$3.00.

Most if not all of the articles constituting this volume have appeared previously in various medical periodicals. With the best of will we cannot speak favorably of this volume. It contains nothing that has not been said before and said in a better way.

The author's treatment of masturbation shows that he never had in his practice a real masturbator. He undoubtedly had many people who masturbated, but there is a difference between people who masturbate occasionally or frequently and those who are confirmed slaves to the *masturbation habit*. The same may be said about his pollution patients. There are cases of pollutions that are not only not cured or benefited, but distinctly aggravated by the routine treatment mentioned by the author. And that there are cases of pollutions for which there is no other remedy except normal sexual intercourse is a fact too well known to unbiased sexologists. As to the author's discussion of continence, it is so antiquated as to be unworthy of consideration. He quotes from ancient, discredited and dead authorities, while the modern authorities, those who have freed themselves from the chains of theology and discuss the question from a truly scientific standpoint, do not seem to exist for him.

Sex Education. By Maurice A. Bigelow, Professor of Biology, Teachers College, Columbia University. Macmillan Company, New York. \$1.00.

This book was a very pleasant surprise to us. While Dr. Bigelow belongs to the conservative school of sex educators, there are not more than two or three statements in the entire book to which we would take definite exception. The book is characterized thruout by commonsense and a sane radicalism. Of course on the subject of continence we do not expect Dr. Bigelow to be in line with modern sexologists, but he has made decided progress in his sex ideas during the past ten years, and perhaps in another decade he will be fully up to date. Thinking is a dangerous thing. We can mention several sex educators who have made quite deplorable progress towards radicalism. The only sure way to remain orthodox and good is never to think.

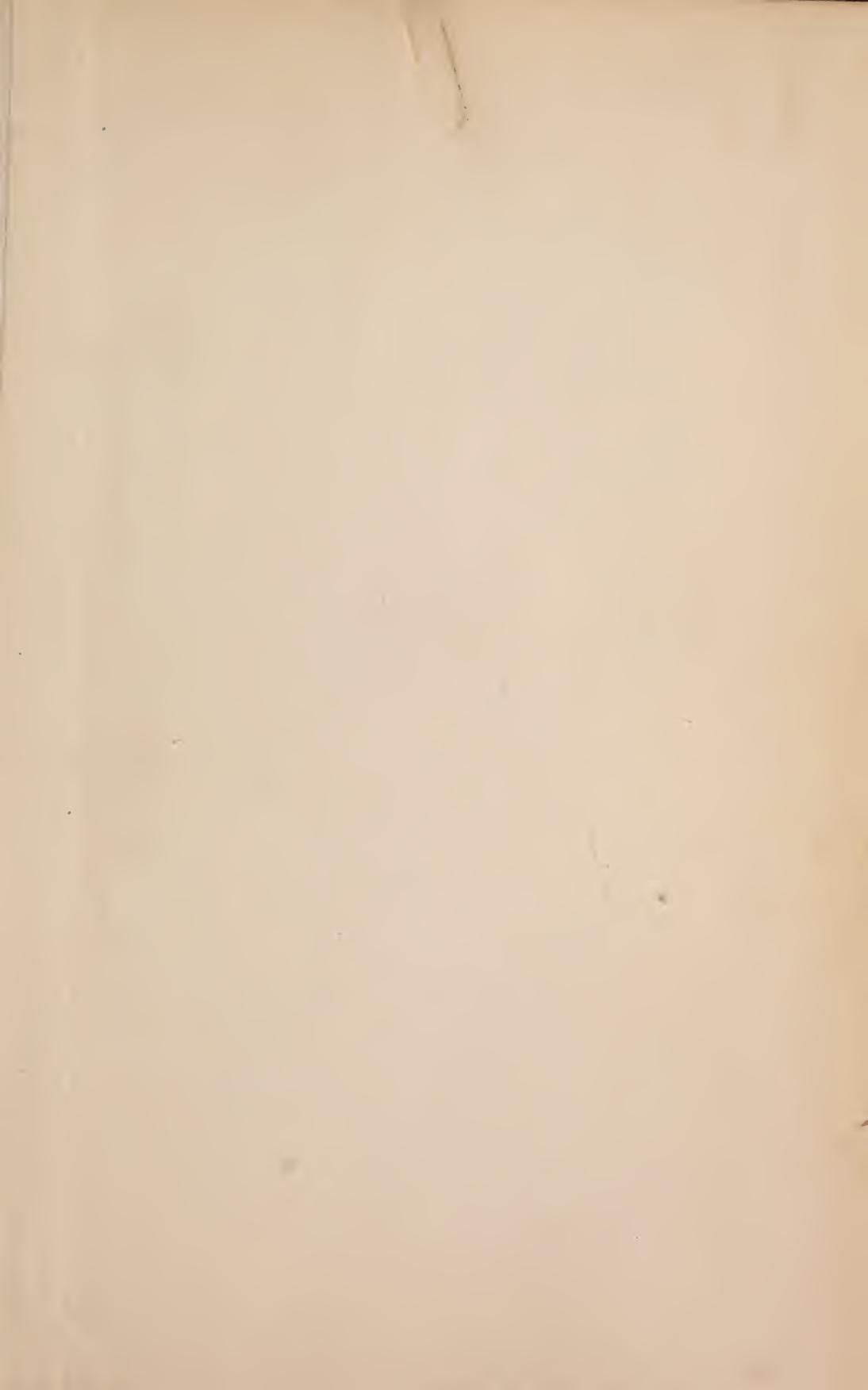
If there is one specific criticism that we would make it would be of the bibliography. And it isn't so much the sin of omission, though some valuable books are left out, as is the sin of commission. Such trashy, false books as those of Sylvanus Stall should not find place in any scientific sex bibliography. The author also lists John Cowan's "Science of a new life." The author says that the book is obsolete, unreliable, unscientific. If it is all that, why mention it in the bibliography?

The author says: "I have not included many books which I recognize as important for readers thoroly trained in science, but which are dangerous to the average reader of sex literature." Does Dr. Bigelow really believe that Forel, Ellis, Bloch, Kisch, Moll, etc., are more dangerous than Sylvanus Stall, John Cowan and Mary Wood-Allen?

We predict that in about five years, when the author gets out a new edition of his book, he will include in his bibliography some of the books he has left out and will delete a good deal of the trash that now disfigures the concluding pages of his otherwise excellent book.

Syphilis. By Lloyd Thompson, Ph.B., M.D., Hot Springs, Ark. Illustrated with 77 engravings and 77 plates. Lea and Febiger, Philadelphia, 1916. 415 pages. Price \$4.50.

This book gives a very satisfactory resumé of our knowledge of syphilis of the present day. The treatment is discussed in great detail and the illustrations are excellent.



IVERSITY

the date
period after



